# THE SILENT CRISIS

## Why Shutting Down Your Patient Services Call Center Without a Replacement **Is Abandoning Your Patients**

*A Thought Paper on the Responsible Transition from Call-Center-Based Patient Support to Digital Patient Education*

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## Executive Summary

Pharmaceutical patient services teams are under enormous pressure to cut costs. Call centers, long the backbone of patient support, are an obvious target. They are expensive to operate, difficult to staff, and increasingly out of step with how modern patients want to communicate.

But closing a call center without replacing it with a meaningful digital alternative does not eliminate the patient's need for support. It eliminates their ability to get it. The result is predictable: patients become confused, disengaged, and non-adherent. They abandon their prescriptions. They disappear from the therapy journey.

### ⚠ THE STAKES AT A GLANCE

Every day a patient services call center goes dark without a replacement, the manufacturer is making a bet that confused patients will figure it out alone. The data says they won't.

| 125,000 | $500B | 50% |
|---|---|---|
| Preventable U.S. deaths per year from non-adherence | Annual U.S. cost of medication non-adherence | Of Americans do not take chronic meds as prescribed |

*Figure 1: The Human and Financial Cost of Medication Non-Adherence (WHO; AJMC, 2024)*

This paper argues that the answer is not to maintain the status quo. Call centers are unsustainable. But the answer is also not to abandon patients. The answer is a thoughtful digital transition—replacing the call center with a physician-led digital education experience that is less expensive, more scalable, and more effective at reaching patients where they are: on their phones.

That is what Hoot Health was built to do.

## Section 1: The Problem — Call Centers Are Failing Patients

Pharmaceutical call centers were designed for a different era. They assumed patients would pick up the phone, wait on hold, and talk to a trained agent during business hours. That assumption is no longer valid.

| # | Challenge | What the Evidence Shows |
|---|---|---|
| 1 | **Patients Don't Answer** | 84% of consumers do not answer calls from unknown numbers. For outbound call centers, the vast majority of contact attempts never connect. |
| 2 | **Patients Hang Up** | Only 26% of patients say call centers provide great support. After even brief hold times, 13% of callers hang up. That abandoned call may be the patient's last attempt to seek help. |
| 3 | **Agent Turnover Is Crippling** | U.S. call center turnover: 30–45% annually. For agents earning ~$25K, turnover exceeds 25% in the first 6 months. Each departure loses months of compliance training investment. |
| 4 | **Costs Are Unsustainable** | Pharma call center cost per interaction: $10–$15 when factoring in specialized compliance training, AE reporting, QA monitoring, and recruitment overhead. |
| 5 | **Staffing Shortages** | 30–40% of organizations report they cannot find enough candidates to fill open positions, compounding double-digit turnover with a shrinking labor pool. |

*Figure 2: Five Structural Failures of the Pharmaceutical Call Center Model*

These are not temporary problems. They are structural. The call center model is fundamentally misaligned with how modern patients communicate, and the cost of maintaining it is accelerating while its effectiveness declines.

### The Vicious Cycle of Call Center Decline

**High Turnover** → **Constant Retraining** → **Rising Costs** → **Headcount Cuts** → **More Turnover**

*Figure 3: The Self-Reinforcing Cycle That Makes Call Centers Unsustainable*

## Section 2: The Danger of Simply Shutting Down

When a pharmaceutical company closes its call center without a replacement, it makes an implicit bet: that patients will figure it out on their own. The evidence overwhelmingly shows they will not.

### The Patient Drop-Off Funnel

The specialty patient journey is a gauntlet. At every stage, patients face barriers that cause them to disengage. Without active support, attrition compounds at each step:

| Journey Stage | Drop-Off Risk | Impact |
|---|---|---|
| **Prescription Written by Physician** | **Low** | Starting Point |
| **Prior Authorization Submitted** | **Moderate** | Delays begin |
| **Insurance Approval Received** | **Moderate–High** | 20–30% fail here |
| **Specialty Pharmacy Processes Rx** | **Moderate** | Logistics confusion |
| **Patient Receives First Fill** | **High** | 45% abandon if OOP >$125 |
| **Patient Refills at 30 Days** | **High** | 60–70% discontinue |
| **Patient Adherent at 90 Days** | **Very High** | <50% reach this point |

*Figure 4: The Specialty Patient Journey — Where Patients Are Lost Without Support*

> *Fewer than half of specialty patients make it through payer controls to fill their prescriptions at 90 days, even WITH a mature patient services model in place. Remove that support entirely, and the dropout rate accelerates dramatically. — IQVIA Institute; Pharmaceutical Commerce, 2024*

### Prescription Abandonment Escalates With Cost — and With Confusion

When patients face out-of-pocket costs they don't understand—and have no one to call—they walk away:

| Out-of-Pocket Cost | Abandonment Rate | Risk Level |
|---|---|---|
| **$0 (fully covered)** | **<5%** | **Low** |
| **$50–$100** | **~15–20%** | **Moderate** |
| **$100–$125** | **~30–40%** | **High** |
| **>$125** | **~45%** | **Very High** |

| | | |
|---|---|---|
| >$500 | 60%+ | Critical |

*Figure 5: Prescription Abandonment Rates by Out-of-Pocket Cost (IQVIA, 2020; AJMC)*

These patients are not making informed decisions to stop therapy. They are confused, overwhelmed, and have nowhere to turn. A patient who could have been educated about co-pay assistance, manufacturer coupons, or step-therapy alternatives instead abandons a prescription that their physician determined they need.

## What Happens When You Simply Shut Down

| Risk Area | Consequence of No Replacement |
|---|---|
| **Patient Abandonment** | Confused patients stop filling prescriptions. 60–70% discontinue within months. Each lost patient = lost revenue + worse health outcomes. |
| **Physician Trust Erosion** | Physicians who see patients struggling without support may stop prescribing your brand. HCPs switch to competitors with better support infrastructure. |
| **Adverse Event Reporting Gaps** | Patients experiencing side effects have no channel to report them. This creates FDA regulatory exposure that no cost savings can justify. |
| **Brand Reputation Damage** | Patients and caregivers share negative experiences on social media and patient forums. “Patient-centric” messaging rings hollow without actual support. |
| **Competitive Disadvantage** | Competitors who maintain or digitize patient support will capture switching patients and new prescribers. |
| **Revenue Cliff** | Non-adherence directly reduces prescription volume. A 10% increase in abandonment for a specialty brand can mean millions in lost annual revenue. |

*Figure 6: Risk Matrix — The Consequences of Shutting Down Without a Replacement*

## Section 3: The Case for Digital Transition

The solution is not to keep the call center running indefinitely at unsustainable cost. The solution is to transition to a digital-first patient education model that delivers the same—or better—value at a fraction of the cost.

### Patients Overwhelmingly Prefer Digital

| 98% | 90% | 85.6% |
|---|---|---|
| SMS open rate (vs. 20% for email) | Of texts read within 3 minutes of receipt | Of patients prefer texts over calls, email, or portals |

*Figure 7: Patient Communication Preferences (PMC, 2021; Journal of Medical Internet Research)*

| Metric | Phone Call | Email | Patient Portal | SMS / Text |
|---|---|---|---|---|
| **Open / Answer Rate** | 15–20% | ~20% | ~10–15% | **98%** |
| **Time to Read** | N/A (if missed) | Hours to days | Often never | **<3 minutes** |
| **Response Rate** | Low | ~6% | Very low | **45%** |
| **Cost Per Interaction** | $6–$15 | $3–4 | $2–3 | **<$1** |
| **Requires App Download** | No | No | Yes | **No** |
| **Available 24/7** | No | Yes (delayed) | Yes (delayed) | **Yes (instant)** |
| **Patient Satisfaction** | 26% positive | Moderate | Low adoption | **95%+ connected** |
| **Compliance Audit Trail** | Agent notes (variable) | Partial | Partial | **Full digital log** |

*Figure 8: Head-to-Head Channel Comparison — Why SMS Wins for Patient Engagement*

> *95.5% of patients who received text-based updates reported feeling more connected to their care team. 91.9% said text updates helped them avoid calling the office. — Journal of the American Academy of Orthopaedic Surgeons, PMC 2021*

### The Economics Are Overwhelming

Digital patient engagement is not just more effective—it is dramatically less expensive to operate:

| Cost Dimension | Call Center | Digital (Hoot) |
|---|---|---|

| | | |
|---|---|---|
| **Cost per patient interaction** | $10–$15 | **<$1** |
| **Staffing model** | Linear (more patients = more agents) | **Non-linear (content scales without headcount)** |
| **Training investment** | Weeks per agent; lost on turnover | **One-time content creation; reusable** |
| **Hours of availability** | 8am–6pm weekdays | **24/7/365** |
| **Scalability** | Hire 10 agents to reach 1,000 more patients | **One campaign reaches 10,000+ instantly** |
| **Annual cost for 5,000 patients** | $500K–$750K+ (conservative) | **Fraction of call center cost** |

*Figure 9: Cost Structure Comparison — Call Center vs. Digital Patient Education*

### 💡 WHY THIS MATTERS

The digital patient engagement market was valued at over $200 billion in 2022 and is projected to grow at 18%+ annually through 2032. Companies that invest in this transition now will be positioned ahead of competitors who delay. Those who wait risk both rising costs and falling patient retention.

## Section 4: The Thoughtful Transition Framework

Transitioning from a call center to a digital model is not a light switch. It requires phased execution and a commitment to maintaining the quality of patient support throughout the process. Below is the four-phase framework that ensures no patient is left behind:

| Phase | Action | What You Do & Why It Matters |
|---|---|---|
| Phase 1 | AUGMENT | Layer digital patient education alongside the existing call center. Introduce physician-led video content delivered via SMS/email that addresses the most common patient questions—how to take the medication, what to expect, how to navigate insurance. This immediately reduces inbound call volume by proactively answering questions before patients pick up the phone. |
| Phase 2 | REDIRECT | Begin routing appropriate inbound inquiries to digital channels. Patients calling with FAQs are guided to short, physician-led video modules addressing their specific concern. This is not a chatbot—it is a real physician on camera, explaining the answer in clear language. Call volume decreases while patient satisfaction increases. |
| Phase 3 | TRANSITION | Once digital engagement data confirms patients are opening, watching, and responding to digital content at rates that meet or exceed phone engagement, responsibly reduce the call center footprint. Reserve remaining live agents for high-complexity cases: adverse event reporting, escalated insurance issues, and clinical questions requiring human judgment. |
| Phase 4 | OPTIMIZE | With a digital-first model in place, leverage the data advantage call centers never provided. Every SMS opened, every video watched, every click-through is tracked. Use this data to identify at-risk patients before they abandon therapy, optimize content, and report measurable outcomes to brand leadership. |

*Figure 10: The Four-Phase Transition Framework — From Call Center to Digital Without Abandoning Patients*

### Decision Guide: What Should Move Digital vs. Stay Live?

Not every patient interaction should be digitized. Use this matrix to determine which interactions should transition first and which should remain with live agents:

| Interaction Type | Move to Digital? | Rationale |
|---|---|---|
| **How do I take this medication?** | YES ✓ | Standard education; perfect for video |
| **What are the common side effects?** | YES ✓ | Proactive education reduces anxiety calls |
| **How do I navigate my co-pay?** | YES ✓ | Walkthrough videos save agent time |

| | | |
|---|---|---|
| **What should I expect in week 1?** | **YES ✓** | Timed drip content matches patient journey |
| **My insurance denied my claim** | **HYBRID ↔** | Start digital; escalate to live if complex |
| **I'm experiencing a side effect** | **HYBRID ↔** | Digital triage + live AE capture pathway |
| **I want to report an adverse event** | **LIVE AGENT ✕** | Regulatory requirement; needs human judgment |
| **Complex insurance appeal** | **LIVE AGENT ✕** | Case-specific; requires real-time problem solving |

*Figure 11: Digital vs. Live Agent Decision Matrix*

> *The goal is not zero live agents. The goal is right-sizing: let digital handle the 70–80% of interactions that are educational and routine, so your remaining human resources can focus on the 20–30% that genuinely require live expertise.*

## Section 5: Measuring Success — The Metrics That Matter

One of the greatest advantages of a digital transition is measurability. Call centers generate call logs and agent notes. Digital platforms generate real-time engagement data that can drive proactive intervention. Here are the KPIs that patient services leaders should track:

| KPI | Call Center Benchmark | Digital Target | Why It Matters |
|---|---|---|---|
| **Patient Reach Rate** | 15–20% | **90%+** | *Can't educate a patient you can't reach* |
| **Content Engagement** | N/A (call duration) | **60–80% video completion** | *Completion = comprehension* |
| **Time to First Contact** | Days to weeks | **Instant (automated)** | *Faster onboarding = fewer dropoffs* |
| **Cost Per Patient Touchpoint** | $10–$15 | **<$1** | *Budget goes further, serves more patients* |
| **30-Day Refill Rate** | Baseline (varies) | **Improvement vs. baseline** | *Direct measure of adherence impact* |
| **Inbound Call Volume** | High | **Declining over time** | *Validates digital is absorbing demand* |
| **Patient Satisfaction (CSAT)** | Variable | **95%+** | *Patients prefer digital when done right* |
| **AE Capture Rate** | Baseline | **Maintained or improved** | *Compliance must not degrade* |

*Figure 12: KPI Dashboard — How to Measure a Successful Transition*

## Section 6: The Hoot Health Solution

Hoot Health is a digital patient education platform purpose-built for pharmaceutical patient services. It delivers physician-led video content directly to patients via SMS and email and provides the compliance infrastructure pharmaceutical companies require.

| Capability | How It Works & Why It Matters |
|---|---|
| **Physician-Led Video Content** | Real doctors on camera explain medications, conditions, and treatment journeys in clear language. Patients trust physicians—not chatbots, not FAQ pages. This creates the human connection a call center aspires to provide, at digital scale. |
| **SMS + Email Delivery** | Content arrives directly in the patient's pocket via text message. No app download. No portal login. No phone number to call. With 98% open rates, the content doesn't just get sent—it gets seen. |
| **MLR-Compliant Workflows** | All content passes through Medical, Legal, and Regulatory review before deployment. Built for pharma, not adapted from consumer messaging tools. |
| **HIPAA-Compliant Infrastructure** | End-to-end encryption, consent management, and secure data handling ensure every patient interaction meets healthcare privacy requirements. |
| **Adverse Event Capture** | Integrated AE reporting pathways ensure that patients can report safety concerns through the digital channel, maintaining regulatory compliance even as call volume decreases. |
| **Real-Time Analytics Dashboard** | Track every open, view, click, and engagement event. Identify at-risk patients before they abandon. Report meaningful outcomes to brand teams with data call centers could never provide. |
| **Timed Drip Campaigns** | Deliver the right content at the right moment in the patient journey. Week 1 education, 30-day check-in, refill reminders, and ongoing adherence support—all automated, all personalized. |
| **Scalable Across Brands** | One platform supports multiple therapeutic areas and brands. Add new programs without adding headcount. |

*Figure 13: Hoot Health Platform Capabilities*

### Before Hoot vs. After Hoot: The Patient Experience

| Patient Moment | Without Hoot (Call Center Only) | With Hoot (Digital Education) |
|---|---|---|
| **First week on therapy** | Waits for a call that may never come. Feels anxious and uninformed. | Receives a physician-led video via text explaining what to expect. Feels supported from Day 1. |
| **Experiences a side effect** | Calls the 1-800 number. Gets put on hold. May hang up. | Receives proactive content about common side effects and when to call their doctor. Feels reassured. |

| | | |
|---|---|---|
| **Confused about co-pay** | Doesn't understand the bill. Abandons the prescription. | Receives a walkthrough video on co-pay assistance. Learns about available programs. Stays on therapy. |
| **30-day refill window** | No outreach. Patient forgets or deprioritizes. | Receives a timed SMS reminder with a refill link and encouragement from their physician educator. |
| **After call center closes** | No support channel exists. Patient is on their own. | Digital education continues uninterrupted. Patient still feels the brand is there for them. |

*Figure 14: Patient Experience Comparison — Before and After Digital Transition*

### 🔑 THE KEY INSIGHT

Hoot is designed to be a bridge, not a cliff. Patients don't wake up one day to find their support has vanished. Instead, they begin receiving proactive, personalized, physician-led education that supplements and eventually replaces the need for most inbound calls. The patient experience improves, the cost structure improves, and the brand relationship deepens rather than dissolves.

## Conclusion: The Cost of Doing Nothing

The pharmaceutical industry is at an inflection point. Patient services call centers are becoming unsustainable. The pressure to reduce costs is real and legitimate. But how a company handles this transition will define its relationship with patients for years to come.

| Shut Down Recklessly | Transition Thoughtfully |
|---|---|
| Patients lose their only support channel | **Patients gain a better, more accessible channel** |
| Prescription abandonment spikes | **Adherence improves with proactive education** |
| Physicians lose trust in your brand | **Physicians see patients better supported** |
| AE reporting gaps create regulatory risk | **Digital AE capture maintains compliance** |
| Short-term savings, long-term revenue loss | **Sustainable savings with growing patient retention** |
| Competitors capture your disengaged patients | **Your brand leads the digital patient services shift** |

*Figure 15: Two Paths Forward — The Choice Every Patient Services Leader Must Make*

> *The question is not whether to transition away from call centers. The question is whether you will do it thoughtfully—or recklessly. One path strengthens your brand. The other abandons your patients.*

Hoot Health exists to make the thoughtful path possible. Our platform gives pharmaceutical patient services teams the tool they need to responsibly sunset call center operations while ensuring that every patient continues to receive trusted, physician-led education that keeps them informed, engaged, and on therapy.

**The call center era is ending. What comes next is up to you.**

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### Ready to transition thoughtfully?

Learn how Hoot Health can replace your call center—without abandoning your patients.

**gethoot.com**

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