

# Reducing Prescription Abandonment

An Evidence Brief for Pharma Commercial Teams

## SECTION 01

### The Problem: Primary and Secondary Non-Adherence

Non-adherence to prescribed medications remains one of the most persistent and costly failures in healthcare delivery. It manifests in two distinct forms, each requiring a targeted commercial response.

#### Primary Non-Adherence

The patient receives a prescription but never fills it at the pharmacy. This occurs most often in the critical 72-hour window after the clinical visit, when confusion, fear, and competing information sources are at their peak.

#### Secondary Non-Adherence

The patient fills the prescription and begins therapy, but discontinues before achieving a clinical outcome. Especially common in chronic disease management, where patients often stop treatment once they feel better or encounter early side effects.

## KEY STATISTICS

**20–30%**

of new prescriptions are never filled

*NEJM, 2024; Annals of Internal Medicine, 2025*

**50%**

of chronic disease patients stop within 12 months

*WHO Global Adherence Report, 2025*

**3–4×**

higher hospitalization risk for non-adherent patients

*American Journal of Medicine, 2024*

**\$300B**

in annual lost pharmaceutical revenue from non-adherence

*IQVIA Institute for Human Data Science, 2025*

Non-adherence is not a patient compliance problem. It is an education and trust problem. Patients who understand their diagnosis, their treatment mechanism, and what to expect are significantly more likely to initiate and persist on therapy.

**The physician-patient relationship is the highest-trust channel available to pharma commercial teams.**

## SECTION 02

## Why It Happens: The Five Root Causes

Research consistently identifies five core drivers of non-adherence. Each is addressable through targeted, physician-led patient education delivered at the moment of decision.

### **Inadequate Patient Education at the Point of Prescription**

- 1 Physicians have an average of 13 to 24 minutes per visit. Patients retain only 60% of what is discussed, and within 72 hours, retention drops to as low as 20%. The information gap between what the physician communicates and what the patient carries home is the single largest driver of abandonment.

### **Fear of Side Effects Amplified by Online Search**

- 2 An estimated 230 million health-related queries are submitted to AI platforms weekly. Reddit, Google, and ChatGPT are disproportionately populated with negative patient experiences. Patients who encounter this content before filling their prescription are significantly more likely to abandon therapy.

### **Out-of-Pocket Cost and Benefit Confusion**

- 3 Even when manufacturer copay support is available, patients frequently abandon prescriptions due to confusion about the benefits program or fear of cost. Clear, accessible financial guidance at the point of prescribing materially improves fill rates.

### **Caregiver and Family Influence at the Kitchen Table**

- 4 83% of patients discuss treatment decisions with family members who were not present during the clinical visit. These co-decision-makers often rely on internet searches rather than clinical guidance, making the physician's extended voice at home critical to treatment initiation.

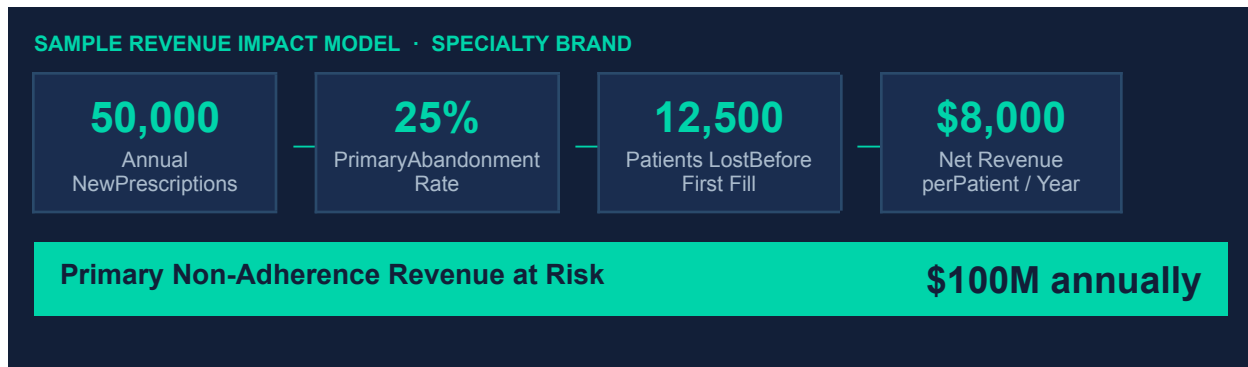
### **Premature Discontinuation Upon Feeling Better**

- 5 In chronic and autoimmune conditions, patients frequently stop therapy once symptoms improve, before clinical goals are achieved. Ongoing physician-led reinforcement dramatically reduces secondary non-adherence.

## SECTION 03

## The Brand-Level Revenue Impact

Non-adherence is not an abstract clinical concern. It is a direct and quantifiable revenue problem. The following model illustrates the scale of impact for a mid-size specialty brand.



Secondary non-adherence compounds the revenue loss further. A brand with 40% early discontinuation within 12 months faces an additional \$60–\$80M in unrealized lifetime patient value.

**Combined, primary and secondary non-adherence can represent 30–40% of a brand's total addressable revenue.**

## SECTION 04

## What the Research Says Works

### JAMA INTERNAL MEDICINE, 2024

*“Physician-delivered video education increases patient comprehension of complex treatment information by up to 40% compared to written materials alone.”*

**Commercial implication:** Video education from a patient's own physician, delivered after the appointment, bridges the comprehension gap that drives primary non-adherence. Patients who understand their treatment are 2.4x more likely to fill their first prescription.

### JOURNAL OF GENERAL INTERNAL MEDICINE, 2025

*“Patients who received post-visit follow-up communications from their physician's office demonstrated 28% higher treatment initiation rates and 34% improved 6-month persistence.”*

**Commercial implication:** The 72 hours after the clinical visit are the highest-leverage window in the patient journey. Brands that reach patients at home through a trusted physician voice, before confusion and fear set in, significantly outperform brands that do not.

### BRITISH JOURNAL OF CLINICAL PHARMACOLOGY, 2025

*“Personalized, stage-matched patient education delivered via SMS achieves 94% open rates and drives measurable improvements in adherence at 3, 6, and 12 months post-initiation.”*

**Commercial implication:** SMS is the highest-engagement delivery channel available to patient support programs. RCS technology now enables video, carousels, and interactive buttons inside native messaging apps, without requiring app downloads or portal logins.

## SECTION 05

# How Hoot Addresses Prescription Abandonment

Hoot is a physician-led patient education platform purpose-built to close the knowledge gap between the clinical visit and the kitchen table. By delivering MLR-approved physician video education directly to patients via SMS at each critical decision point, Hoot extends the physician's trusted voice throughout the entire patient journey, from diagnosis through sustained adherence.

The platform operates as a fully managed service. Once physician content is recorded, Hoot handles all patient outreach, journey management, adverse event capture, and performance reporting. There is zero ongoing burden on the physician's practice.

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## Co-Design the Patient Journey

Hoot works directly with pharma commercial teams to map the critical decision points for each therapeutic area, from first diagnosis through long-term adherence. We identify the moments where patients are most likely to abandon or discontinue, and design targeted video interventions at each stage. Journey design aligns with existing PSP workflows, hub integrations, and brand messaging strategy.

[Journey mapping](#) [Trigger-based messaging](#) [PSP alignment](#)

2

## Create Physician Video Content

Content creation is flexible and adapted to each brand's physician network. Physicians complete a single 15 to 30 minute recording session; Hoot handles production, editing, and all MLR submission workflows including Veeva Vault PromoMats integration. For brands without physician video capability, Hoot offers AI doctor avatars and multilingual AI educator options.

[Physician video](#) [AI avatar option](#) [Full MLR support](#) [Multi-language](#)

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## Deliver, Track, and Optimize

Hoot delivers physician video content via SMS and RCS to patients within 24 to 48 hours of the clinical visit, and at each subsequent decision point. Real-time analytics track open rates, video completion, patient responses, and outcomes data. Programs are continuously optimized based on engagement signals, giving commercial teams the data visibility their existing hub partners cannot provide.

[24-48hr outreach](#) [98% SMS open rate](#) [Real-time analytics](#) [AE reporting](#)

**Enterprise compliance included:** HIPAA, SOC 2, and HITRUST certified. BAA standard with all contracts. Adverse event capture and pharmacovigilance reporting built in. White-label patient experience with full brand control. Off-label prevention training for all participating physicians.

*“Hoot gives your physician network a voice that follows the patient home, to the kitchen table, to the pharmacy, and through their first year on therapy.”*

Hoot Health · [gethoot.com](https://gethoot.com)

READY TO ACT?

# Let's design your patient education program together.

We'll show you how Hoot integrates with your existing PSP, brand messaging, and physician network to reduce abandonment and drive measurable outcomes.

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