

HOOT HEALTH

Q1 2026 INDUSTRY BRIEF

Patient Services Hubs & the Call Center Crisis: The Robocall Effect

Why patients aren't answering your hub's calls, and how physician-led content is the missing complement to your call center strategy for treatment initiation and adherence.

7.7B

robocalls received in Q1 2026 alone

80%

of patients avoid calls from unknown numbers

27%

of specialty prescriptions never get filled

EXECUTIVE SUMMARY: 5 KEY TAKEAWAYS

The U.S. robocall epidemic has created an invisible but measurable drag on pharma patient services. This brief connects the data from Q1 2026 robocall trends to the operational realities of hub-based call centers, and makes the strategic case for complementing phone outreach with physician-led content delivered via SMS and email.

1 The Phone Channel Is Compromised

Americans received ~7.7 billion robocalls in Q1 2026. Scam and telemarketing calls now represent 57–58% of all automated calls. As a result, 80% of consumers avoid answering calls from unknown numbers and 92% assume unidentified calls are fraudulent. Hub outbound calls are caught in this crossfire.

2 Patients Are Disappearing Before Therapy Starts

27% of all written prescriptions go unfilled. For new-to-brand specialty drugs, abandonment rates reach 35–40%, and more than half of novel specialty prescriptions are never filled. Patients who cannot be reached by phone during the critical post-prescription window are far more likely to walk away.

3 Hub Call Centers Are Structurally Disadvantaged

Healthcare call centers average 7–12% call abandonment rates; some reach 30%. Average hold times exceed 4 minutes, five times the industry target. Meanwhile, hub outbound numbers are increasingly flagged as “Spam Likely” by carrier-level filtering, making the first-contact challenge even harder.

4 Billions in Revenue Are Lost to the Enrollment Gap

The pharma industry spends \$5B+ annually on patient support programs, yet only 3–8% of eligible patients ever enroll. A primary driver: patients never learn about available support because the outreach call went unanswered. Each missed connection widens the gap between prescription and first fill.

5 HCP-Led Content Is the Strategic Complement

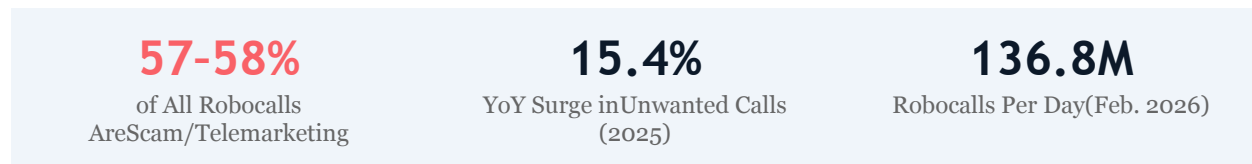
Physician-led video delivered via SMS and email bypasses call screening entirely, reaching patients through a trusted voice in a channel they control. This does not replace call centers; it makes them more effective by priming patients before the call, educating during payer delays, and reinforcing adherence after therapy begins.

Sources: YouMail Robocall Index, Jan. & Feb. 2026; TNS 2025 Robocall Report; Hiya 2024 State of the Call; IQVIA Institute, “Understanding the Use of Medicines in the U.S. 2025”; IQVIA/NASP 2025 (specialty Rx unfill rates); Pharmaceutical Commerce, Dec. 2025; ConnectiveRx hub enrollment data; Dialog Health call center statistics, 2025.

1. THE ROBOCALL EPIDEMIC: Q1 2026 BY THE NUMBERS

The scale of automated calling in the United States remains staggering despite years of regulatory effort. According to the YouMail Robocall Index, U.S. consumers received approximately 3.88 billion robocalls in January 2026 and 3.83 billion in February 2026, a combined Q1 pace of roughly 7.7 billion calls.

While these monthly figures represent six consecutive months below the 4 billion threshold, a relative low not seen since mid-2022; the absolute numbers remain enormous, and the composition has shifted dangerously toward unwanted calls.



Scam dominance is accelerating. In 2025, unwanted telemarketing and scam calls surged 15.4% year-over-year, accounting for 57% of all robocalls, up from 49% the prior year. By February 2026, these calls represented 58% of total volume, or roughly 2.16 billion calls in a single month.

Intensity is rising even as volume dips. The per-day rate in February 2026 climbed 9% to 136.8 million calls daily (1,583 per second). Sophisticated campaigns routinely rotate through 50,000+ spoofed numbers to evade blocking. A single “Crestwood Loan Advisors” campaign generated an estimated 70 million calls in February alone.

Consumer trust in the phone channel has collapsed. TNS reports that 80% of consumers now avoid answering calls from unknown numbers. Hiya research finds that 92% believe unidentified calls are fraudulent. Apple’s iOS now intercepts unknown calls and transcribes them before the patient decides whether to answer.

Regulatory walls are rising. The FTC’s 2026 report shows 258 million numbers on the Do Not Call registry, a record. The FCC removed 1,200+ non-compliant voice providers in 2025. New TCPA one-to-one consent rules now require explicit written authorization for each brand making outbound calls, adding compliance complexity for hubs.

Sources: YouMail Robocall Index, Jan. 2026 (PRNewswire, Feb. 6, 2026) & Feb. 2026 (Enterprise Security Tech, Mar. 2026); YouMail 2025 Annual Summary (Telecom Reseller, Jan. 8, 2026); SecureWorld, “Rising Intensity of the Robocall Surge,” Mar. 2026; FTC 2026 Do Not Call Report (ACA International, Jan. 23, 2026); TNS 2025 Robocall Report (GetVoIP, Jan. 2025); Hiya 2024 State of the Call (blog.hiya.com); U.S. PIRG, “Ringling in Our Fears 2025,” Dec. 2025; CBS News, Oct. 2025.

2. THE DIRECT IMPACT ON PATIENT SERVICES HUBS

Patient services hubs are the operational backbone of specialty drug access, managing benefits investigation, prior authorization, copay assistance, enrollment, and adherence outreach. The vast majority rely on outbound phone calls to accomplish these tasks. Every one of those calls now competes with billions of robocalls for patient attention.

IMPACT AREA	WHAT'S HAPPENING
Slower TherapyStarts	Hub agents cannot reach patients for onboarding. With 80% of consumers screening unknown numbers, first-contact success rates are declining. NIH data show the enrollment process already averages 190 working hours per patient; unanswered calls add days of delay to an already burdened timeline.
Higher RxAbandonment	IQVIA data show 27% of all prescriptions go unfilled. For new-to-brand specialty drugs, the rate reaches 35–40%. When out-of-pocket costs exceed \$125, abandonment hits 50%; above \$500, it reaches 60%. More than half of novel specialty prescriptions are never filled, and only 31% of patients remain on therapy at one year.
Low ProgramEnrollment	The industry spends \$5B+ annually on patient support, yet only 3–8% of eligible patients utilize hub services. A key reason: patients never learn about available support because the outreach call was screened, flagged, or ignored.
Hub Calls Flaggedas Spam	Legitimate healthcare calls are increasingly mislabeled as “Spam Likely” by carrier-level filtering. Documented cases show patients missing calls from their own doctors and patient support programs due to incorrect flagging.
Call CenterOperational Strain	Healthcare call centers average 7–12% abandonment rates, with some reaching 30%. Average hold times of 4.4 minutes exceed the HFMA target of 50 seconds by 5x. Peak staffing provides only 60% of needed coverage, with an average shortfall of 23 agents per center.

Sources: IQVIA Institute, “Understanding the Use of Medicines in the U.S. 2025” (Apr. 2025); IQVIA/NASP 2025 (specialty unfill); Pharmaceutical Commerce, “Breaking Point,” Dec. 2025; ConnectiveRx hub enrollment data; NIH enrollment study; Dialog Health / NLM, Healthcare Call Center Statistics, 2025; CallerIDReputation.com, “Healthcare Flagged as Scam Likely.”

3. THE REVENUE WATERFALL: WHERE PATIENTS DISAPPEAR

The patient journey from prescription to sustained therapy is a leaky funnel, and robocall-driven call avoidance widens every crack. Here is the cascade:

1. **Prescription Written → Hub Call Attempt:** The hub dials from an unfamiliar number. The patient's phone labels it "Spam Likely" or sends it to voicemail. With 80% of consumers avoiding unknown calls, the majority of first-touch outreach attempts fail to connect.
2. **Missed Connection → Enrollment Delay:** Each failed call adds time. The patient remains uninformed about financial assistance, copay support, or benefits navigation, the very services designed to prevent abandonment. The enrollment process already averages 7.9 elapsed days before approval or denial.
3. **Delay → Abandonment:** IQVIA reports that patients starting new therapy abandoned 98 million prescriptions at the pharmacy in a single year. For novel specialty drugs, more than half of prescriptions go unfilled, and only 31% of patients remain on therapy at one year. Fewer than half of specialty patients make it through payer controls to fill at 90 days.
4. **Abandonment → Lost Revenue:** With 20–30% of all patients abandoning prescriptions, and far higher rates for specialty therapies; the financial impact reaches billions in lost revenue annually across the industry. For individual brands, each percentage point of abandonment translates directly to unrealized commercial potential.

THE CRITICAL INSIGHT

*Robocall avoidance is not the sole cause of abandonment, but it is a compounding accelerant. It disrupts the enrollment window when patients are most reachable and most motivated to act. Every day of delay increases the probability **that a patient never starts therapy.***

Sources: IQVIA Institute, "Understanding the Use of Medicines in the U.S. 2025"; IQVIA data at NASP 2025 Annual Meeting; NIH enrollment process study (190 working hours / 7.9 days); MedCity News, Sep. 2025 (60% abandonment above \$500 OOP); TNS 2025 Robocall Report (80% avoid unknown calls); GoodRx/Drug Channels abandonment analysis, May 2025.

4. WHY HCP-LED CONTENT IS THE STRATEGIC COMPLEMENT

If patients are not answering the phone, the question becomes: how do you reach them during the window that matters most: the days and weeks immediately after a prescription is written?

The answer lies in a channel patients already trust: their prescribing physician. When that physician's voice, face, and clinical guidance are delivered directly to the patient via SMS or email, channels that bypass call screening entirely, the dynamic changes fundamentally.

DIMENSION	CALL CENTER OUTREACH	HCP-LED VIDEO VIA SMS/EMAIL
Channel Trust	Low – unknown number	High – physician's face and voice
Delivery Method	Phone call (screened/blocked)	SMS/email (read on patient's terms)
Patient Control	Synchronous; requires answering now	Asynchronous; patient watches when ready
Spam Exposure	Frequently flagged or blocked by carrier filters	Not subject to call screening or filtering
Content Type	Scripted, agent-delivered	Personalized, clinically authoritative video
Scalability	Agent-limited; costly to scale	Automated; scales without additional headcount
Compliance	TCPA one-to-one consent; high complexity	Triggered by prescribing event; lower regulatory friction

The key advantage: Physician-led video content delivered via text and email meets patients where they are, on their phones, at their own pace, in a format they trust. It does not replace the hub call center. It makes the call center more effective by priming patients before the call, educating them during payer delays, and reinforcing adherence after therapy begins.

When a patient has already watched a 90-second video from their prescribing physician explaining why a medication matters and what to expect, the subsequent hub call shifts from cold outreach to a warm, informed conversation. Answer rates improve. Enrollment accelerates. Abandonment declines.

Sources: CMSWire, "Who Still Answers the Phone? A Generational Playbook for 2026," Nov. 2025 (TCPA one-to-one consent); CallerIDReputation.com (healthcare calls flagged as spam); Hiya 2024 State of the Call (consumer channel preferences).

5. THE COMPOUND BENEFIT: FASTER STARTS, BETTER ADHERENCE

Complementing call center operations with HCP-led content creates a compounding effect across the patient journey:

- **Pre-Call Education:** Automated physician video messages sent within 24–48 hours of prescribing prepare the patient for the hub call, the pharmacy process, and the copay reality. The patient understands why the call matters before the phone rings.
- **Bridge During Payer Delays:** When prior authorization takes days or weeks, patients hear nothing and lose motivation. Sequential physician-led content fills the gap with clinical reassurance, reducing the emotional dropout that occurs during administrative silence.
- **Adherence Reinforcement:** After the first fill, physician-led content continues to educate, addressing side effects, setting expectations, and reinforcing why staying on therapy matters. This reaches patients who would never answer a call-center follow-up.
- **Warm Transfer Effect:** Hub agents report higher engagement and faster resolution when patients have already received educational content from their physician. The conversation starts at a higher baseline of understanding and trust.

6. RECOMMENDATIONS FOR PATIENT SERVICES LEADERS

1. **Audit Your Outbound Contact Rates.** Measure first-call connection rates for new-to-brand patients. If fewer than 30% of outbound enrollment calls reach a live patient on the first attempt, the robocall effect is already eroding your funnel.
2. **Deploy HCP-Led Content as a First Touch.** Send a physician-led video via SMS or email within 24–48 hours of prescribing, before the hub dials. This creates awareness of the support program, builds trust, and primes the patient for the follow-up call.
3. **Layer Content Across the Journey.** Map critical dropout points: post-prescription, post-PA, pre-first-fill, and at months 3, 6, and 12, and deploy targeted physician-led content at each stage. SMS and email are not subject to call screening.
4. **Protect Your Hub Phone Numbers.** Ensure outbound numbers carry full STIR/SHAKEN “A” attestation. Monitor caller ID reputation. Register numbers with carrier branded calling databases to display your program name instead of “Spam Likely.”
5. **Measure the Compound Effect.** Track enrollment velocity, first-fill rates, and 90-day persistence for patients who received HCP-led content versus those reached only by call center. Quantify the ROI of the blended approach to build the case for scaled investment.

Sources: IQVIA/NASP 2025 (31% 1-year persistence); NIH (190 hours / 7.9 days enrollment); Pharmaceutical Commerce, Dec. 2025; TNS 2025 Robocall Report (STIR/SHAKEN attestation levels); CMSWire, Nov. 2025 (TCPA consent, call screening trends).

THE BOTTOM LINE

The robocall epidemic has fundamentally changed how patients interact with their phones. Consumers who once answered calls from unknown numbers now treat every unfamiliar ring as a potential threat. For patient services hubs built on a call-center-first model, this behavioral shift is not a temporary inconvenience; it is a structural challenge that will intensify as AI-powered scam calls grow more sophisticated and call-screening technology becomes more aggressive.

The solution is not to abandon call centers. It is to recognize that the phone call alone is no longer sufficient as the primary patient engagement vehicle. Physician-led video content delivered via SMS and email provides a trusted, scalable, screening-proof channel that prepares patients, fills communication gaps, and reinforces adherence, converting the hub from a cold-call operation into an informed, consultative touchpoint.

Patients don't ignore their doctors.

They ignore unknown callers.

The brands that understand this distinction will win the enrollment race.

COMPLETE SOURCE LIST

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