

FROM PROGRAM
TO PLATFORM

How Integrated Digital PSPs Improve Outcomes, Adherence and Value

A case study for pharma patient
services leaders

SEP , 2026

**Higher Adherence
Stronger Outcomes
Greater Value**



Seamless
Enrollment



Personalized
Support



Continuous
Follow-up



Better
Outcomes



**10-15
points**

higher 12-month
persistence

VS TRADITIONAL PSPS



**23-29%
lower**

all-cause medical
costs

REPORTED IN REAL-WORLD
STUDIES



**3%
program reach**

only 3% of eligible
patients use pharma
support programs today



**~3.5x
ROI**

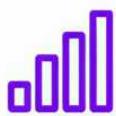
modeled KSA case
~SAR 3.5 net value per
SAR 1 invested in year one

Executive summary

Published evidence supports the potential of integrated patient support; results depend on the program, population and setting.

The gain does not come from an app. It comes from linking onboarding, adherence, clinical monitoring, PV and HCP feedback into one data loop that acts on each patient at the moment of risk.

Key evidence from global studies

**61%**

60.9% vs 45.7–48.2%;
12-month persistence;
Sciensus observational
study [8]

IQVIA, 2026

**64.8%**

Mean PDC vs 50.1%;
29.2% lower all-cause medical
costs, excluding biologic/
targeted drugs [2]

Brixner et al., 2019

**14%**

Lower therapy
abandonment and
23% lower costs

IQVIA case study, 2021 [3]

**65%**

vs 38% adherent at week 4;
topical psoriasis app RCT [4]

Svendsen et al., 2018

“

In a 2021 Phreesia survey, 3% of potentially eligible respondents used support programs ; 59% had little or no awareness [5].



External study findings; not measured CareSync outcomes. References: page 07.

1. The problem: sustaining patients on therapy

In McKinsey's analysis of selected chronic disease categories, 50% or fewer patients remained on therapy after one year [6].



26-63%

Non-adherence
across chronic diseases
in the diseases analyzed.

McKinsey, 2018 [6]

Persistence drops over time

Year 1

82%

Year 5

47%

In a Dammam RA cohort (n=175), 1-year persistence on TNF inhibitors was **82%** but fell to **47%** at 5 years.

Non-adherence caused **21%** of non-TNF and **40%** of tofacitinib discontinuations.

Aldosari et al., 2026 [7]



50%

or fewer patients still
on treatment after
one year.

Why traditional programs underdeliver



Low reach

~3% of eligible patients use PSPs;
59% barely know they exist.

2021 Phreesia survey [5]



Slow start

Only **12%** of new US specialty scripts filled on first attempt in 2025.

IQVIA, 2026 [1]



One-size support

Same call script for every patient.
High-risk patients drop silently.

Program design risk



Data blind spots

Vendor, pharmacy, HCP and PV data sit in separate systems.
No early warning signal.

Program design risk

Study populations and definitions differ. References: page 07.

2.

Global evidence: digital and human support

Selected studies and industry reports describe improved adherence, persistence and medical-cost outcomes. Findings are specific to each intervention and population.

Program / study	Setting	Model	Reported impact
 Sciensus, ISPOR 2025 [8]	Adalimumab; home care	Hybrid digital and human support	60.9% vs 45.7–48.2% 12-month persistence
 Brixner et al., 2019 [2]	US, RA/IMiD	Integrated PSP platform	64.8% vs 50.1% PDC, 29.2% lower medical costs
 IQVIA case study, 2021 [3]	US, specialty	Targeted digital interventions	14% lower abandonment, 23% lower medical costs
 Svendsen et al., 2018 [4]	Denmark; psoriasis	App + clinical support	65% vs 38% adherent at week 4



Different designs

Observational studies, an RCT and industry reports.



Study-specific results

Not a pooled estimate or causal guarantee.



Local validation

CareSync outcomes require prospective evaluation.

3. The solution: an integrated digital PSP platform

CareSync PSP Connect unifies patients, HCPs, educators, program teams and pharma partners in one configurable platform.

CareSync PSP Connect

A unified digital platform that connects all stakeholder groups across the patient support journey, enabling better engagement, coordination and outcomes.

Built for every stakeholder

CareSync PSP Connect brings together the people who make patient support possible.



Patients

Engagement, education, reminders and support



HCPs

Clinical notes, follow-up and communication



Patient Educators

Visit documentation and care journeys



Program Admin

Multi-program management and analytics



Pharma Partner

Visibility, reporting and real-world evidence

Core capabilities

A comprehensive set of tools to support patient journeys from enrollment to outcomes.



Enrollment
& e-consent



Teleconsultation
& follow-up



Adherence
& reminders



AE reporting
& escalation



Dashboards
& insights



High-tech for scale, high-touch for moments that matter.

4. Illustrative KSA scenario: assessing potential value

A 1,000-patient, 12-month scenario from the original case study. These assumptions require a documented model and local validation.

Scenario assumptions	Illustrative inputs	Illustrative comparison
 1,000 patients	 +12-15 pts 12-month persistence Assumption, not an observed result.	Value 3.5
 High-value biologic therapy (e.g. RA/IMiD)	 3.5:1 value-to-investment assumption Assumption, not an observed result.	Investment 1.0
 12-month model horizon	 -20-30% medical-cost reduction (fees, admissions) Assumption, not an observed result.	
 KSA cost inputs – to be validated	 2-4x potential ROI range Assumption, not an observed result.	 Gross/net basis and calculations were not supplied.



These figures are not validated CareSync outcomes or an investment forecast.

5. Recommendations & next steps

1



Select one high-value biologic program

2



Run a 90-day pilot with clear KPI scorecard

3



Scale based on outcomes and stakeholder alignment

References & evidence notes

Sources supporting the numbered citations in this report

- [1]** Kelts M. Modern Patient Support: The Case for High-Tech, High-Touch. IQVIA. 30 April 2026. iqvia.com | Supports the 2025 first-fill statistic; industry commentary.

- [2]** Brixner D, et al. Patient Support Program Increased Medication Adherence with Lower Total Health Care Costs Despite Increased Drug Spending. *J Manag Care Spec Pharm*. 2019;25(7):770–779. doi:10.18553/jmcp.2019.18443

- [3]** IQVIA. Patient Support Program Reduces Abandonment and Lowers Medical Costs. 12 February 2021. iqvia.com | Industry case study: 14% lower abandonment; 23% lower medical costs.

- [4]** Svendsen MT, et al. A smartphone application supporting patients with psoriasis improves adherence to topical treatment: a randomized controlled trial. *Br J Dermatol*. 2018;179(5):1062–1071. doi:10.1111/bjd.16667

- [5]** Phreesia. Industry perspectives: Expanding awareness of patient support programs. networksolutions.phreesia.com | 3% usage and 59% low awareness; 2021 survey, also cited by Deloitte.

- [6]** McKinsey & Company. Improving patient adherence through data-driven insights. 14 December 2018. mckinsey.com | Selected chronic-disease analysis; findings are not universal prevalence estimates.

- [7]** Aldosari SA, et al. Persistence, switching, and discontinuation patterns of b/tsDMARDs in patients with rheumatoid arthritis: a single-center retrospective cohort study from Saudi Arabia. *Front Med*. 2026;13:1855256. doi:10.3389/fmed.2026.1855256

- [8]** Sciensus. Hybrid Digital Support for Patients Receiving Biosimilar-Adalimumab Therapy for Immune-Mediated Inflammatory Disorders: 12-Month Persistence and Impact on Adherence. ISPOR Europe 2025. Poster PCR123. ispor.org | Conference abstract; observational evidence.

Interpretation & modeling

External results are specific to their populations and interventions; they are not measured CareSync outcomes. The psoriasis 65% vs 38% comparison is at week 4. Page 06 contains illustrative assumptions supplied in the original case study: model calculations and KSA cost inputs were not provided or independently validated. These sources do not establish a CareSync ROI or guarantee first-year payback.

Sources accessed 5 October 2026.