

Patient Activation: Healthcare's Largest Untapped Growth Opportunity

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Meet the Speakers



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Today's Agenda

Our focus for this session: transforming passive patients into active participants in their care.

What is patient activation and why it matters

10 mins

Panel Discussion: Marketing's role in patient activation

35 mins

Q&A

15 mins

About Digital Health Strategies

We activate complex healthcare data to drive profitable growth and improve lives.



How we power growth

Specialists in patient activation

Using insights from over 200 million patient interactions each year, we combine AI-powered data intelligence with proven activation at scale across both marketing channels and clinical workflows.

Proven expertise in high-margin use cases

For over a decade, we've driven measurable growth for more than 300 hospitals by activating high-value patients in cardiology, oncology, pharmacy, philanthropy, and beyond.

Performance-aligned, at-risk contracts

We put our fees at risk and directly align our incentives with performance and outcomes.

The power behind our intelligence

30M

U.S. patient records.

20B

First-party data points.

1,400

Clinical signals evaluated per individual.

90

Consumer and self-reported attributes to understand behavior.



The Problem

Health System Growth is Breaking Down Before Treatment Ever Happens

The human barriers and activation
gaps behind missed care

Your Next \$1B Isn't New Patients - It's Untreated Ones

Your Biggest Growth Opportunity Isn't Acquiring New Patients. It's Activating the Ones You Already Have.

Health systems have chased growth through acquisition while overlooking the biggest opportunity: their own patients. The mandate is shifting to retention and consumerism: **80% of CEOs prioritize patient retention, and 72% say consumer expectations will reshape their organization.**

Activating Existing Patients Is the Most Efficient Path to Growth

80%

Activating an existing patient costs 80% less than acquiring a new one.

14x

Existing patients are 14x more likely to convert.

55% of recommended care never reaches patients.

The RAND Corporation found this in 2003. More than twenty years later, nothing has changed.¹

~\$1 billion in unrealized revenue

is sitting in the EHR of the median U.S. health system.²

~\$270 million in contribution margin

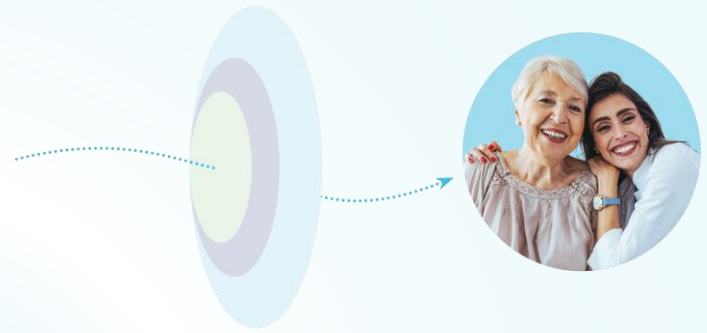
– more than 24x the median system's operating income.³



The Median U.S. Not-for-Profit Health System

- 825 licensed beds
- \$2.2 billion in net patient revenue
- 308,000 unique patients seen annually; 750K to 1.1 million total unique records in the EHR
- Operating margin: 0.5%, producing roughly \$11 million in operating income
- Payer mix: 45% Medicare, 20% Medicaid, 30% commercial, 5% self-pay

Three forces standing in the way of patient activation.



1

The Clinical Reality

Most recommended care never happens

Care gaps of 50–80% are common across high value service lines.

The care journey breaks down at multiple points

2

Human Psychology

Human barriers delay care

Patients often normalize symptoms, misunderstand treatment, defer to provider silence, or carry fears they rarely raise.

These barriers are invisible to health systems

2

The Activation Gap

Activation requires complete patient intelligence

Need to accurately identify patients using clinical, behavioral, and consumer data

Activation requires orchestration across the care journey

1 The Clinical Reality

Clinically-eligible patients are in the system, but don't reach treatment.



LDCT Lung Screening

Breaks at ***the start***. The journey never begins.

Eligible → PCP recommends → ❌ Never screened

Up to 80% of eligible patients have never been screened,⁷ because no provider initiated the conversation or because the patient didn't follow through.



Aortic Stenosis

Breaks at ***the referral***. The managing physician holds the patient.

Moderate AS documented → Managed by cardiologist → ❌ Never referred to structural heart → ❌ No to TAVR/SAVR

At least 40% of patients who meet criteria for valve replacement never receive it.⁸ Disease progression is silent: patients reduce activity gradually without recognizing the change, and when the cardiologist doesn't raise a referral, patients interpret that silence as reassurance.



AFib




Breaks at ***the handoffs***. Multiple transitions, multiple points of failure.

Diagnosed at PCP → Managed on rate control Rx → ❌ Never referred to cardiology → ❌ Never reaches EP → ❌ Never treated with ablation

Rate control medications manage symptoms but don't treat the underlying condition, so patients are managed on medication for years without ever being evaluated for ablation. The typical time from diagnosis to ablation exceeds two years.

Patients are human. Their decisions about care reflect that.

Psychological Barriers Delaying + Preventing Care...

	Patients normalize symptoms	Patients misunderstand treatment options	Patients defer to provider silence	Patients face financial uncertainty/hidden logistics
 <p>LDCT Lung Screening</p>	<p><i>"I've had this cough for years. It's just what happens after smoking."</i></p>	<p><i>"A lung scan? That means they think I have cancer!"</i></p>	<p><i>"My doctor never mentioned it last time. I guess I don't need it."</i></p>	<p><i>"I have no idea what it costs or if my insurance covers it."</i></p>
 <p>Aortic Stenosis</p>	<p><i>"I just stopped climbing stairs. I thought that was aging."</i></p>	<p><i>"Valve replacement? That's major open-heart surgery."</i></p>	<p><i>"My cardiologist hasn't brought it up, so it must not be serious."</i></p>	<p><i>"What if I can't afford it? How long is recovery?"</i></p>
 <p>AFib</p>	<p><i>"I'm just tired all the time. Everyone my age is."</i></p>	<p><i>"Ablation? I thought that was a last resort?"</i></p>	<p><i>"My doctor put me on medication. I assumed that was the treatment."</i></p>	<p><i>"I don't even know what it would cost out of pocket."</i></p>

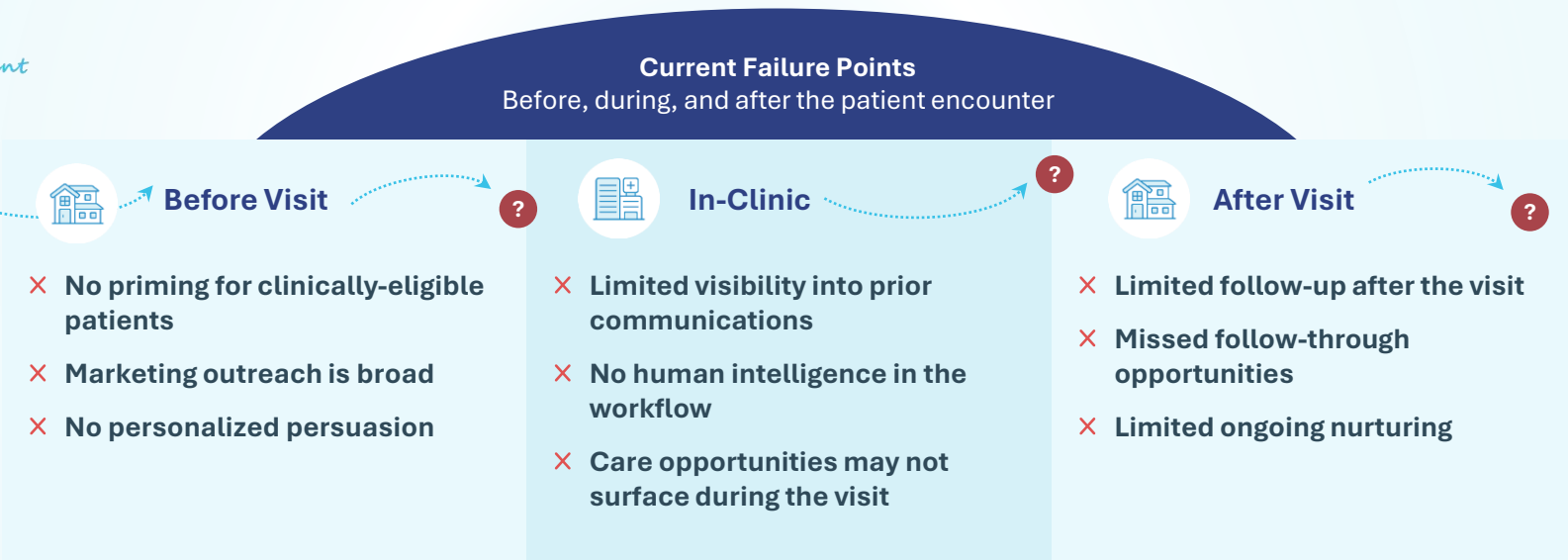
You can't activate what you can't see.

- ✘ **Lack of comprehensive evidence-based eligibility models**
Clinical eligibility data often lives across multiple systems, not just the EHR.
- ✘ **Clinical data not used as a behavioral signal**
Past encounters, medication history, labs, imaging, and care gaps are underutilized as indicators of how patients engage with the healthcare system.
- ✘ **Missing patient-reported data and human context**
Programs fail to fully incorporate patient reported insights about fears, motivations, and knowledge gaps.
- ✘ **No closed loop activation intelligence**
Outreach efforts are rarely connected to real response data, preventing visibility into which channels, messages, and timing actually drive patient engagement.



Activation fails without orchestration across the care journey.

Clinically-eligible patient





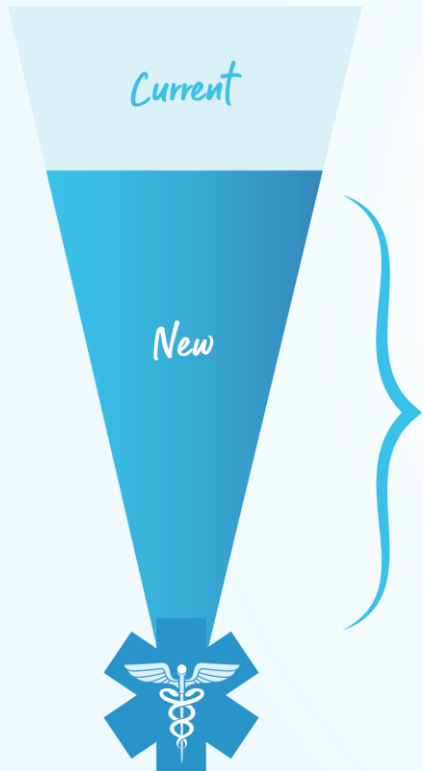
The Solution

Introducing a New Category to Drive Growth

Evidence-based, human-
centered patient activation

The next growth engine for health systems.

Unify marketing and medicine to close critical care gaps and capture high-value growth.

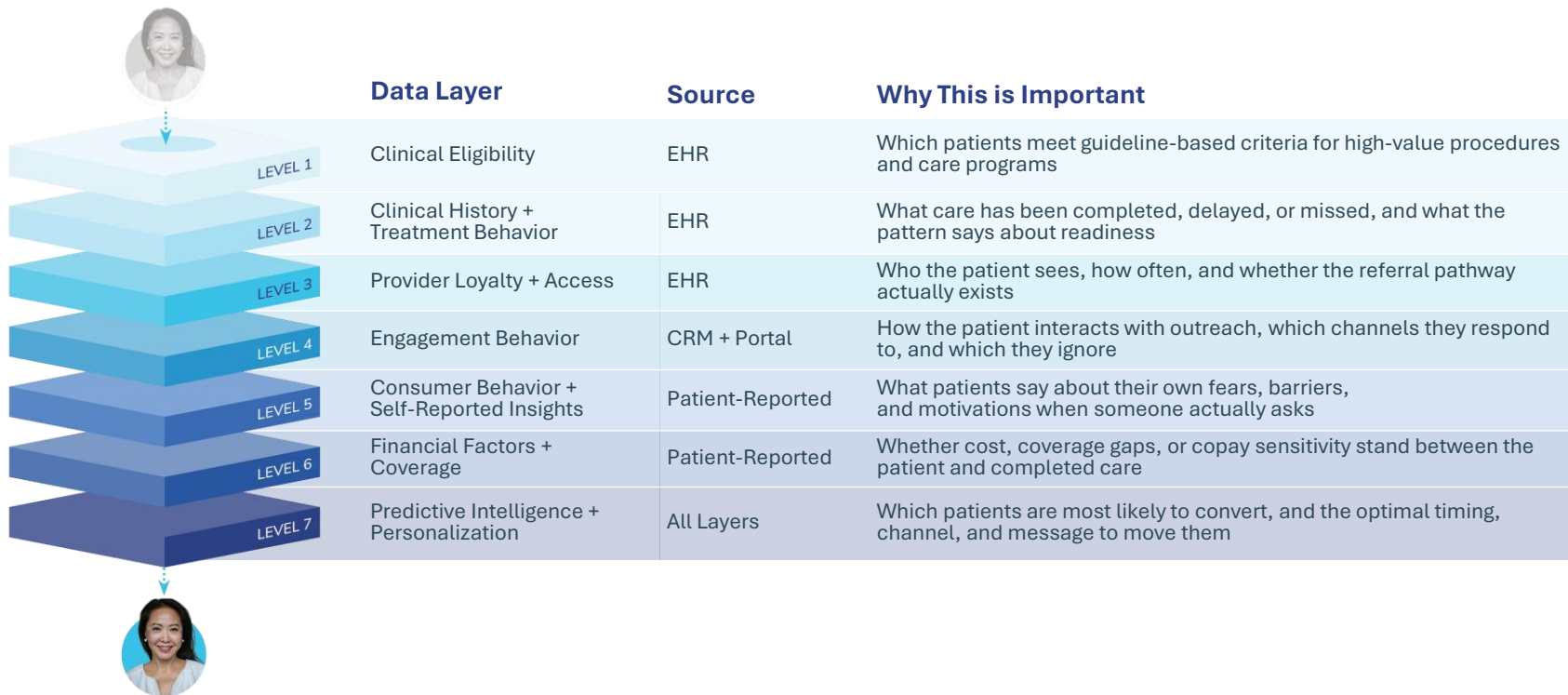


Four components: Bottom-of-funnel conversion


- 1. Evidence-based, human-centered intelligence**
Deeper data than a CRM/EHR alone, including patients' own fears, barriers, and motivations
- 2. Phenotypes, not personas**
Clinical + consumer intelligence reveals who patients really are, and what moves them
- 3. Clinically accurate, persuasive personalization**
Personalized, omni-channel outreach tailored to individuals at each moment in the care journey
- 4. Strategic partnership with care teams**
Phenotype-driven messaging embedded into EHR alerts, referral prompts, and personalized scripting

Evidence-based, human-centered intelligence.

Integrate clinical, consumer, and self-reported data to see who this patient really is, and what stands in his or her way.



Personas inform campaigns. *Phenotypes* convert patients.



Standard Healthcare Marketing Agency
Persona
“Screening Sue”

Demographics

- Woman
- Aged 55–75
- Insured
- HHI: >\$100,000


Lifestyle

- Likely tobacco-purchaser
- Caring for children and older parent

Potential Barriers

- Busy lifestyle
- Fear of procedures
- Cost concerns

- × **No** meaningful segmentation beyond basic demographics
- × **No** clinical + consumer data
- × **No** predictive insight
- × Drives leads, **few** conversions



LDCT Lung Screening Patient
Phenotype
MRN: 123456###

Clinical Signals

- Meets USPSTF criteria
- Lapsed LDCT (26 months overdue)
- Outstanding lung order from PCP

Medication History

- Prior Chantix use

Behavioral + Engagement Signals

- Sees PCP 3x/yr
- Regular portal user
- Responds quickly to prior preventive outreach
- Prior tobacco-cessation participant

Predictive + Socioeconomic Signals

- Commercially insured
- Pricing sensitivities
- Higher-income ZIP
- Stable address

Access Alignment

- Lives near LDCT-capable sites with open slots

Activation Strategy

- Email + portal » SMS follow-up
- Lapsed-screening message + “Schedule Now” link

Clinically accurate, persuasive personalization throughout the care journey.

Precision Activation in Practice • Low-dose CT Lung Cancer Screening



Before Visit

Educate patients ahead of appointments



In-Clinic

Prescribe lung cancer screening



After Visit

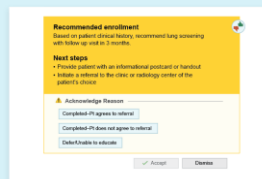
Ensure screening is completed

Channels

- Patient portal messages
- Outbound letters
- Outbound emails



- Customized clinician education materials
- Patient education materials
- EHR alerts (e.g. Epic OPA)



- Nursing support calls
- Care management survey
- Email + SMS nurturing
- Appointment reminders



Action

PCP appointment

LDCT referral

Completed scan

CLOSING THE LAST MILE

Strategic partnership between marketing + care teams.

Aligning with care teams drives conversions marketing can't reach.



	Traditional Approach	Marketing + Care Team Collaboration
Patient Lists	✗ Generic eligibility lists, no prioritization	✓ Marketing + care teams work off the same lists. Segmented by conversion likelihood, tagged marketing-responsive vs. provider-responsive
Clinical Workflow	✗ No alerts, no prompts, referrals depend on individual provider memory	✓ Marketing + care teams deliver the same messaging. EHR-embedded alerts with eligibility criteria and referral prompts at point of care
Patient Interaction	✗ Generic scripts, no barrier visibility, no knowledge of prior outreach	✓ Human-centered scripting at the point of care. Personalized scripting matched to phenotype, with visibility into marketing touchpoints
Scheduling + Routing	✗ Volume processing: get patient off the phone	✓ Ensure access + coordination for next steps. Last-mile routing: match eligibility to appointment type, access, and workflow
Accountability	✗ No feedback on whether referrals converted	✓ Share accountability and ROI. Results reporting that tracks referral-to-completed-care and reinforces behavior

DIGITAL HEALTH 
STRATEGIES

Panel Discussion



GROWTH PRIORITIES + INVESTMENT

CMOs see the opportunity, but budgets aren't following

CMOs say the biggest growth opportunity is activating clinically-eligible patients to complete care.

Expanding into new service lines and markets and building strong brand preference follow. Reaching new patients who don't know about your services ranks lowest.

Yet today, the vast majority of marketing budget is focused on new patient acquisition.

Only 1 in 49 marketing departments spends more on activating existing patients than acquiring new ones. The patient who's already been seen, already been diagnosed, already been referred – and hasn't come back – isn't a major line item yet.

While at the same time, the C-suite is still focused on buying growth, not activating it:

56% report that their C-suite is focused on M&A, expansion, and physician recruitment as growth drivers, compared to just 18% focused on preventing leakage and closing care gaps among existing patient populations.

CMOs see activating existing patients as the top growth opportunity

Where do you believe the greatest untapped source of profitable growth exists for your organization?	% of respondents
Converting clinically-eligible patients to complete care	40%
Expanding into new service lines or markets	24%
Building stronger brand preference over competitors	22%
Reaching new patients who don't know about your services	14%

1 in 49

Number of CMO respondents reporting their department currently spends more on patient activation than acquisition

Only 18%

Percentage of health system C-Suites prioritizing leakage prevention and closing care gaps to drive growth next 3 years

ACTIVATION OWNERSHIP + READINESS

The most important growth lever has no owner

86% of CMOs know patients are dropping off before completing care, but the infrastructure to intervene isn't built.

CMOs say patient activation is the top growth opportunity. Yet, only 2% allocate a budget majority toward activating existing patients. And only 14% compare new patient acquisition costs to loyalty & activation costs.

Patient activation is the growth lever most agree on, yet nobody is responsible for it.

47% of organizations have no clear owner for getting existing patients to complete physician-ordered care – it falls between marketing and clinical operations, or ownership isn't defined at all.

This accountability gap is a white space opportunity for marketing.

If no department clearly owns the space between identified clinical need and completed care, then marketing has the chance to define a new growth discipline and demonstrate ROI to leadership.

86%

of CMOs know patients drop off before care conversion

An accountability gap
creates white space opportunity for marketing
to own the patient activation category



Marketing



Care Teams

47% of health systems
have no clear owner for
getting existing patients to
complete eligible care

ROI + JOURNEY TRACKING

Most organizations aren't measuring what matters

ROI measurement is improving.

6% track leads to appointments and apply standard financial assumptions, while 32% now track individual patient encounters and value each encounter based on actual financial data. The field is moving toward more rigorous ROI measurement, even under budget pressure.

However, **72% of marketing departments don't track campaigns to completed care.**

Of those, 24% stop at appointments scheduled, 18% stop at leads generated, 12% track engagement only (clicks, impressions), and 18% don't have consistent tracking across the journey at all.

While CMOs believe that patient access is the core barrier to growth, many lack the data to prove it.

38% of CMOs point to access constraints; at the same time, 40% report zero visibility into why leads drop off before completing care. Since only 28% track campaigns through to completed care, most don't have data to confirm what's actually causing drop-off, or preventing care completion.

72%

of marketing departments
don't track campaigns to
completed care

40%

have no visibility
into why leads don't
convert to care



Thank You

