

An Intelligent Conversational Agentic Patient Adherence Platform

Utilizing Large Language Model (LLM) reasoning and autonomous tool-calling to optimize clinical throughput and therapeutic consistency

Anna Kuperberg, MD
January 23, 2026

The Problem

The Empty Chair Problem

30%

of infusion chairs sit empty

Infliximab Adherence

<70%

modifiable through digital
intervention

Market Size

\$100B

infusion center industry

Clinical Importance of Infliximab Adherence

Infliximab is a cornerstone IV biologic for immune-mediated inflammatory diseases and the most commonly administered intravenous medication in US infusion centers for chronic, non-cancer conditions.

CONSEQUENCE OF NONADHERENCE

2-3×

risk of hospitalization in Crohn's disease

ECONOMIC IMPACT

~90%

higher medical costs in nonadherent patients

Maintenance dosing: Every 8 weeks after induction. Delayed dosing increases risk of antibody formation and loss of response.

Non-adherence: Predictable & Modifiable



Logistical Friction

Travel burden, long waits, inflexible scheduling



Medication Concerns

Safety fears, low perceived necessity



Psychosocial Vulnerability

Anxiety, depression, lower health literacy



Treatment Burden

Adherence declines with longer therapy duration



Socioeconomic Barriers

Limited insurance, reduced access to support

What Improves Adherence?

Targeted interventions can increase adherence by

15-30%

achieving up to 90% adherence rate

✓ Patient Education

Clear explanation of disease and therapy benefits

✓ Behavioral Supports

Reminders and feedback loops

✓ Cognitive-Behavioral Approaches

Addressing beliefs, fears, and perceived necessity

✓ Continuous Communication

Personal, ongoing patient engagement

Evidence: Digital Behavioral Nudges Work

"Systematic A/B testing of digital messaging cut hospital no-show rates"

Berliner Senderey et al., PLoS ONE 2020 | Large-scale RCT with 150K patients

33%

Reduction in no-shows



Advanced cancellations

KEY INSIGHT #1

Messages emphasizing accountability reduced no-shows by 33%

KEY INSIGHT #2

Strategic framing increases lead time to fill clinical slots

THE SOLUTION

An Intelligent Conversational Agentic Patient Adherence Platform

Utilizing Large Language Model (LLM) reasoning and autonomous

tool-calling to optimize clinical throughput and therapeutic consistency

✓ GenAI-Enabled

✓ Human-in-the-Loop

✓ Behavioral Science

MVP: Scope and Integration

Low-Risk, High-Value GenAI-Enabled Scheduling Workflow

AI orchestrates and personalizes communication – it does not make autonomous clinical decisions



Seamless Integration

Integrates with existing systems and workflows



Human-in-the-Loop

Staff retain final authority over all decisions



Data-Driven

Leverages demographics, adherence, clinical history



A/B Testing

Test behavioral nudge strategies continuously

Patient-Facing Workflow



Delivery Channels



Health System App



SMS



Voice Interface

Confirms

No further action

Reschedules

Offered available options

Cancels

Staff notification with context

Revenue Opportunity

MARGINAL REVENUE

\$1,000

per returned infusion

CAPTURE RATE

40%

of missed infusions

Scaling the Model

500

patients

\$240K

1,000

patients

\$480K

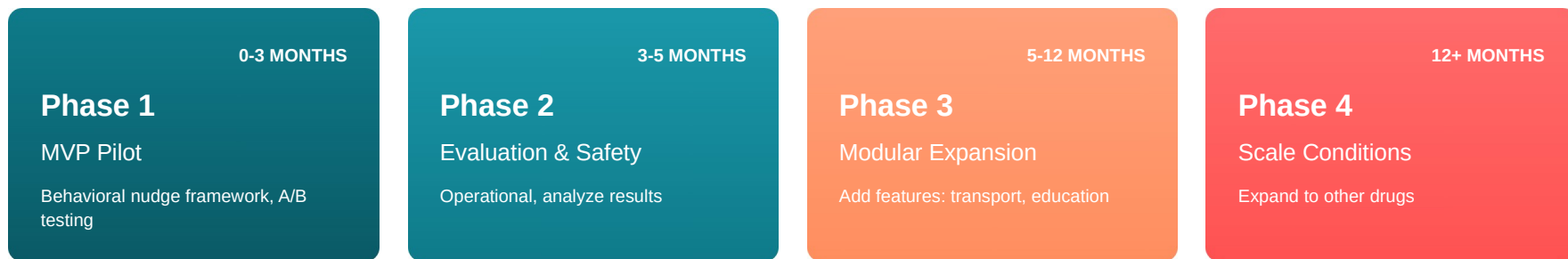
9,000

patients

\$4.3M

Key Insight: At \$480 per patient/year, ~208 patients generate \$100K annually

Implementation Roadmap



Pilot Success Criteria

≥20%

Opt-in Rate

≥40%

Sustained
Engagement

≥60%

Appointment
Confirmation

+5-10%

Arrival Rate
Improvement

0

Safety
Events

Phased rollout prioritizing safety, measurability, and workflow integration

Why This Matters

Transform Unused Capacity Into Revenue

While improving patient outcomes and experience



Low-Risk,
High-Leverage
No disruption to workflows



Scales Across
Use Cases
Multiple drugs and conditions



Better Patient
Experience
Improved outcomes

The \$100B infusion market is growing. This platform converts empty chairs into revenue while serving as a plug-and-play feature suite.

Thank You

Anna Kuperberg, MD

Note: This presentation and the concepts shared are proprietary and have been developed specifically for this application process. They remain the intellectual property of Anna Kuperberg and are not to be used or distributed without permission