

Four Forces Reshaping Patient Support in 2026: What Patient Services Leaders Should Expect Next

JENN MILLARD, Vice President and GM, U.S. Patient Support Services, IQVIA

LUKE GREENWALT, Vice President, Thought Leadership and Innovation, IQVIA

CLAIRE GOODSWEN, Sr. Director, Offering Development, Patient Support Services, IQVIA

BRIAN LOVINGUTH, Principal, Patient Support Services, IQVIA

Patient support leaders are entering 2026 under intense financial and operational pressure. [The Inflation Reduction Act](#), tariff policies, and rising administrative costs are squeezing budgets at the same time patients increasingly expect support that is personal, digital, and seamless. Together, these pressures are accelerating change in how manufacturers design, deliver, and measure patient support.

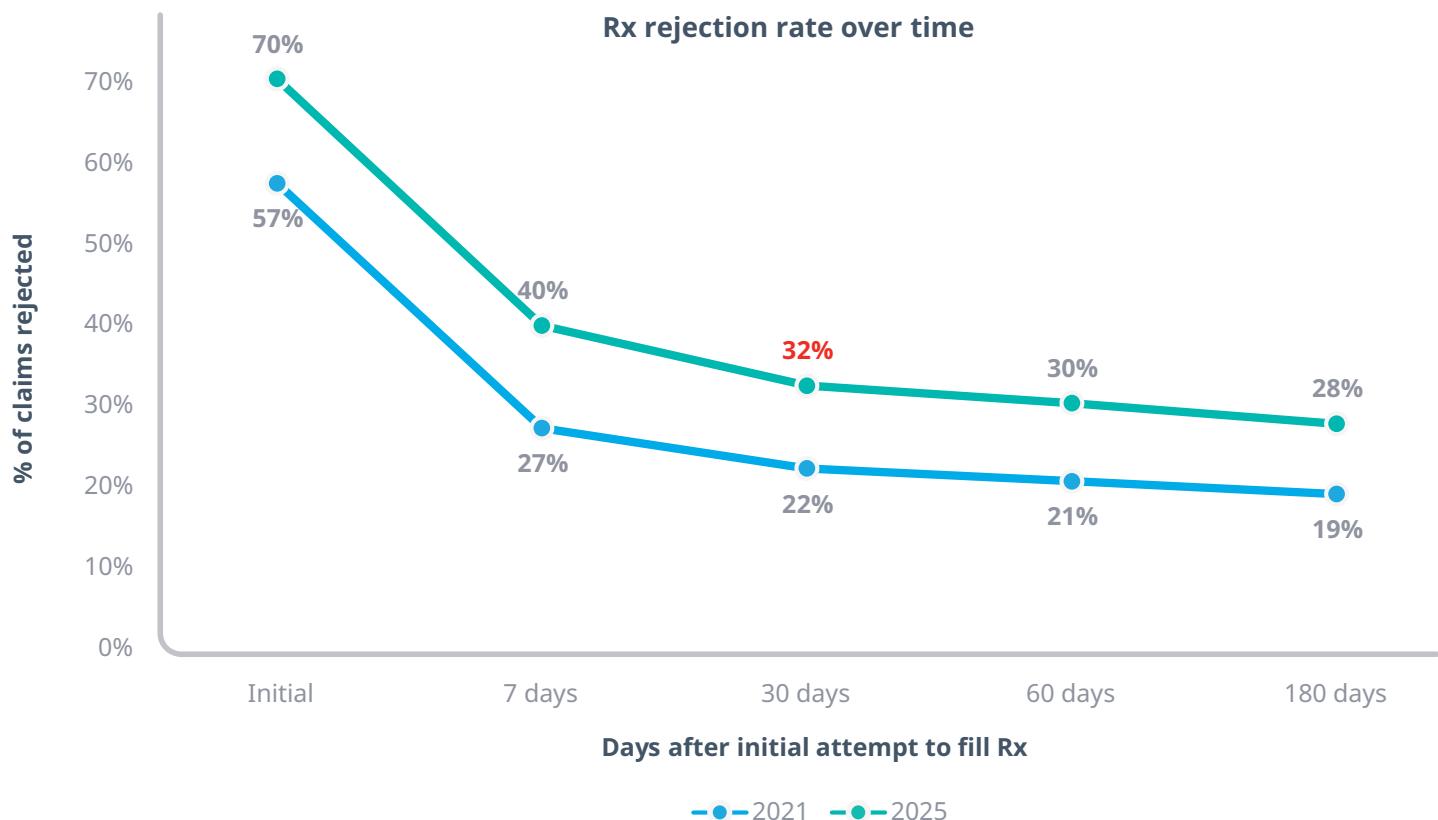
Against this backdrop, IQVIA expects patient support leaders to navigate critical shifts in 2026 across four areas in their programs: how they define efficiency, use Artificial Intelligence (AI) in case management, approach Direct-to-Patient (DTP) models, and manage growing compliance expectations. Each shift is outlined below, and the implications for which patient services leaders should be planning in 2026.

1. Healthcare economics will force leaders to define and measure program efficiency in new ways

Claim trend insights show that Rx claim rejection rates have been steadily rising year-over-year since 2021. Today, patients are increasingly likely to face at least one Rx rejection within a calendar year. Commercially insured patients have been most impacted by this trend, with close to a third of those rejected at first fill attempt still unable to access their therapy of choice 30 days later.



32% of commercially insured patients remain unable to access their therapy of choice after 30 days



In 2026, leading patient support teams will stop equating efficiency with lower headcount or shorter call times, and instead ask how quickly – and reliably – patients start and stay on therapy.

Efficiency will be judged less by internal activity metrics and more by how consistently programs move patients through early access milestones. To measure impact, programs will connect spend and effort to milestones such as time to Benefits Verification (BV) and Prior Authorization (PA) completion, and time to first fill, so leaders can see which interventions reduce delays and drop-off, and which simply add touchpoints.

To support this shift, IQVIA recommends using program data to gain a clear view of performance, including where patients stall, which communication channels underperform, and where handoffs break down. These insights can reveal how many touchpoints it takes to resolve key administrative tasks, how consistently you achieve first-call resolution, and which handoffs create the most friction.

If yours is a newly launched program, establish dashboards that connect financial metrics to early access milestones. More mature programs can link operational data to patient outcomes across brands and vendors to guide investment. Across the board, programs that thrive in 2026 will use these insights to decide what to automate, where to redesign handoffs, and where human expertise is essential, shifting effort to the interactions that matter most for patients.

KEY TAKEAWAY

Measure efficiency by patient access and early outcomes and use those insights when allocating resources.

2. Programs will use AI to reinvent patient case management

Once you know where inefficiencies exist, AI becomes a practical way to change how work gets done without compromising reliability, empathy, or compliance. In 2026, the most effective programs will introduce AI as a care partner to remove low-value tasks from case managers' duties so they can focus on getting patients started and supported on therapy. As AI care partner solutions become more robust, IQVIA anticipates their use will expand to take on routine status interactions — such as pharmacy and payer follow-ups or information lookups — where answers can be reliably retrieved from approved content and communicated consistently.

When placing bets on AI, evaluate how automation will affect patient, caregiver, and provider experience. Start with routine work — such as gathering information, pre-populating forms, or handling frequent questions — that slow you down while prioritizing more complex conversations and questions with call center reps. For emerging and established pharma, this often means pursuing a few narrow use cases before orchestrating AI across channels to deliver a more consistent experience without adding complexity.

AI will also reshape team structures. Case managers working alongside self-service tools, knowledge resources, real-time translation, and conversation sentiment will enable more consistent, around-the-clock support through distributed teams and digital tools while maintaining clear quality standards, escalation pathways, and a high-touch patient experience. AI governance frameworks that safeguard privacy and security, with guardrails to ensure consistent performance with human-in-the-loop accountability and oversight, will become critical in establishing and maintaining patient trust.

KEY TAKEAWAY

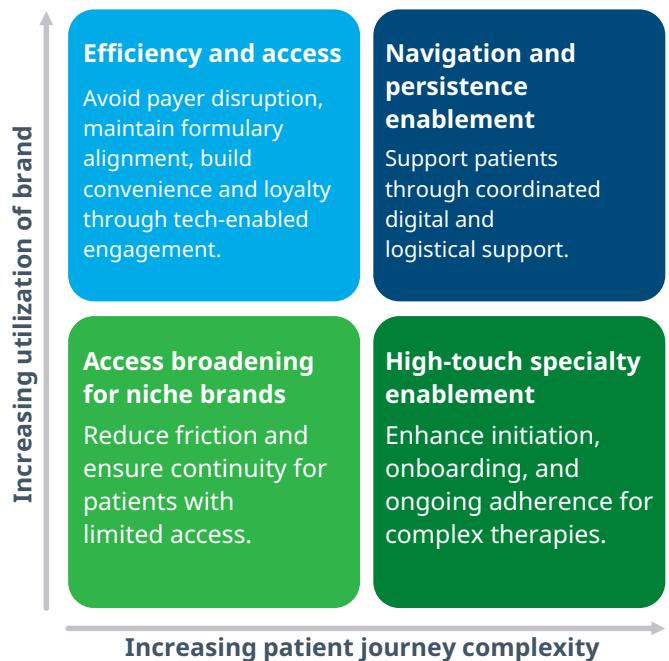
Use AI to redesign case management around patients and staff, shifting routine tasks to automation while protecting the human interactions that matter most.

3. Direct-to-Patient (DTP) solutions will proliferate, expanding access to care while offering convenient treatment options

[DTP platforms](#) are gaining momentum for two reasons: policy pressure and patient preference. Recent tariff negotiations include new financial incentives for manufacturers to establish DTP pathways, and patients increasingly expect digital convenience for appropriate therapies. In the right situations, DTP can give manufacturers greater pricing control and stronger patient relationships while helping to reach uninsured or underinsured populations.

But DTP is not a one-size-fits-all answer. Strategic objectives must be aligned to therapeutic areas and patient needs: Are you primarily trying to improve access, strengthen engagement, or redirect margin away from intermediaries? The right approach depends on product archetype, patient populations, and the core motivational needs to move patients forward in their journeys. Based on these considerations, the resulting models should range from concierge-style digital support with live nurse access to retail-grade experiences with transparent pricing and quick onboarding, each tailored to the specific patient population.

DTP opportunities by utilization and patient journey complexity



DTP also raises the bar for operations and compliance. Managing sensitive patient health data at scale requires substantial investment in security, regulatory alignment, and orchestration of the full ecosystem, including telehealth, pharmacy logistics, customer service, and patient support. The sustainability and success of these models will be driven in large part by the patient experience and how those interactions compare to experiences in the online consumer environment. Leading organizations will incorporate measurement of patient-reported experience from the outset, positioning them to adapt support, manage complexity, and sustain trust.

KEY TAKEAWAY

Be proactive in embedding patient support into your DTP models and strategic in measuring and improving patient experience. Expect to see more of these programs launch in 2026.

4. Benefit verification and AI-driven patient finance will face heightened scrutiny, raising both risk and opportunity

As automation and AI are increasingly applied to benefit verification and patient financial workflows, compliance risk grows if programs do not clearly define governance, permissible use, and oversight across their ecosystem of partners. As technology advances faster than regulation, oversight of how patient data is used can lag. The risk increases in ecosystems that rely on multiple vendors for telehealth, fulfillment, intake, and verification, where compliance is only as strong as the weakest link.

Forthcoming AI data privacy expectations specific to healthcare will raise the bar again. That's especially true for systems that combine protected health information (PHI) with financial data, often referred to as "patient data fintech." Regulators are already investigating and halting non-compliant solutions, and scrutiny of these platforms will continue to grow.

These pressures compound existing copay program integrity challenges. With billions flowing through copay programs, fraud prevention must be a design priority, with controls calibrated to target population and risk tolerance.

KEY TAKEAWAY

Treat benefit verification and patient finance as strategic risk areas. Build compliance into every technology component from the start to realize savings while mitigating regulatory and reputational risk.

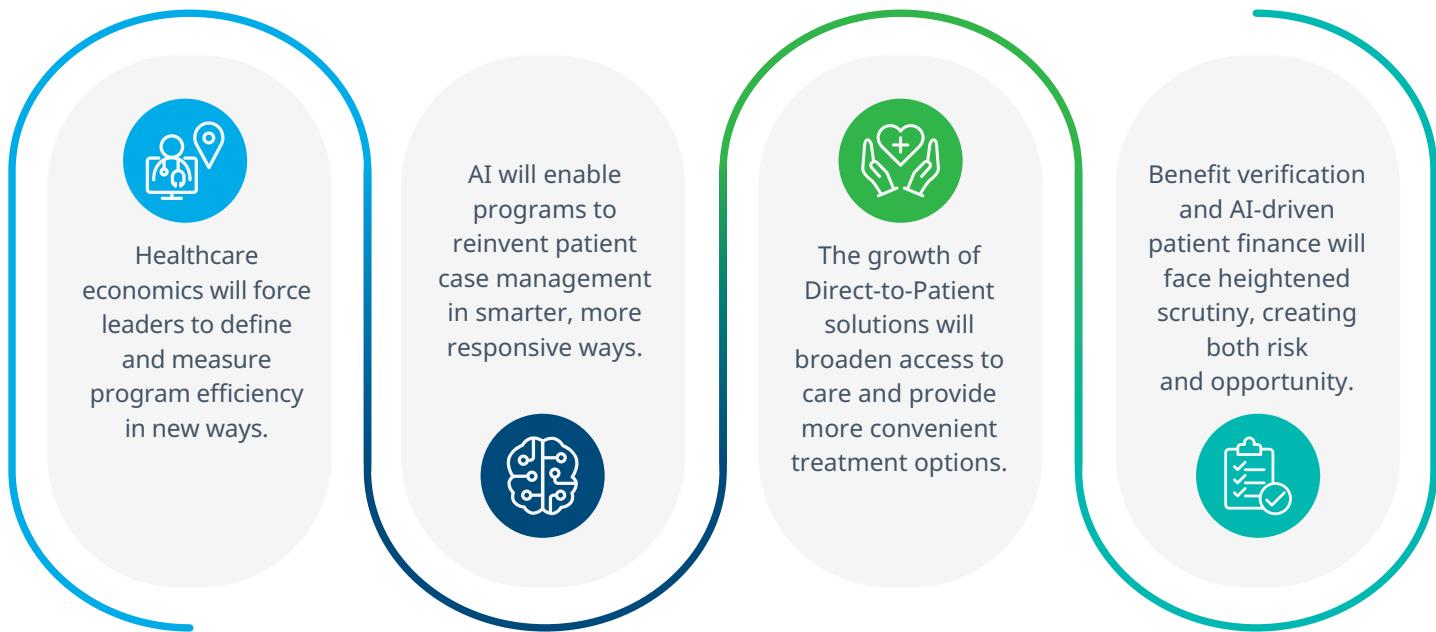


Looking ahead

Market pressures won't ease in 2026, but organizations that focus on four priorities — data-driven decision making, thoughtfully implemented AI, innovative access models, and proactive compliance — will be best positioned to succeed. Rather than treating these as

separate initiatives, approach them as an integrated agenda for how your patient support programs deliver access and outcomes. We'll revisit these predictions at the end of 2026 to reflect on how patient support programs evolved and what leading organizations did differently.

Patient support programs in 2026



WANT TO PREPARE FOR THE NEXT WAVE OF CHALLENGES AND OPPORTUNITIES FOR PATIENT SUPPORT?

IQVIA brings deep expertise in patient support services optimization, regulatory compliance, and advanced analytics, and partners with manufacturers to connect these elements into cohesive strategies. [Connect with us](#) to discuss how these insights can be applied to your programs and to explore strategies and technologies that drive more efficient operations and better patient outcomes.