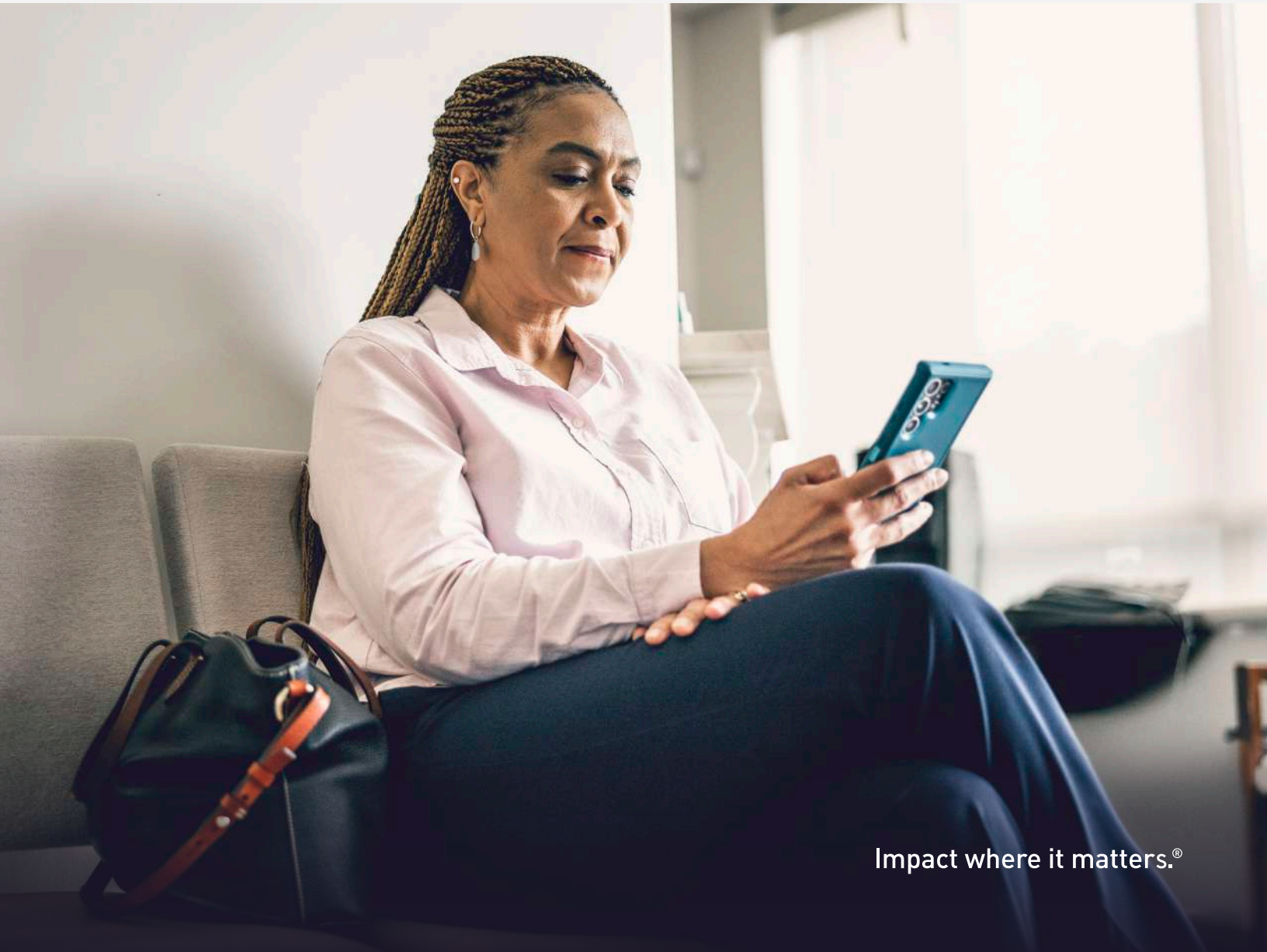
WHITE PAPER

ZS

DTC AT A CROSSROADS:

The rise of direct-to-patient solutions to address care gaps and mobilize patients

By Vijesh Unnikrishnan, Archit Gupta, Sankalp Sethi and Nikhil Mittal



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From 2008-2025, major brand launches underperformed forecast by an average of ~$530 million in their first three years—a 55% shortfall linked to unresolved friction in patient journeys. And nearly all of these brands had invested heavily in awareness. The message is clear: Driving patient activation and conversion requires more than brand awareness.

The landscape is shifting and DTC faces new headwinds

For decades, branded direct-to-consumer (DTC) advertising has been the cornerstone of patient activation in pharma. Unbranded disease awareness efforts have also had a place in pharma's commercial strategy, but their impact has been constrained. Analog approaches such as community screening camps were difficult to scale, while digital unbranded campaigns often struggled to drive meaningful engagement. By contrast, branded campaigns could reliably build awareness, prompt patient-physician conversations and shape adoption.

That cornerstone, however, is under pressure. Recent updates from the current administration have signaled renewed scrutiny of pharma advertising, with new requirements that full safety information be included in promotional spots. This shift is particularly acute for TV and video— historically the centerpiece of branded DTC—where the 30- or 60-second format leaves little room to balance efficacy claims with mandated safety disclosures. As a result, TV as a viable channel for DTC is at risk for many brands.

At the same time, commercial leaders are expected to do more with less. Launch budgets are tightening, and with the pressure to achieve strong uptake with leaner selling, general and administrative profiles have become the norm. Compounding the challenge is the shift toward more advanced therapies—biologics, cell and gene therapies and other complex treatments—where patient journeys involve multiple specialists, intricate protocols and systemic barriers. Traditional DTC has always struggled to pull this awareness through to action; most campaigns encouraged patients to visit a website or call a number but did little to support them past that first step. Against today's more complex backdrop, it becomes clear why relying on awareness via DTC alone is no longer sufficient.

The implication is not that DTC is obsolete. But the changing environment means pharma leaders need to complement it with new, more effective ways to engage patients and support them throughout the journey.

Pharma's traditional answer to patient activation is no longer enough

Historically, patient activation was synonymous with DTC investment. If you wanted to move patients, you advertised—often heavily.

But the world has changed. Digital innovation and evolving care models now give pharma the chance to do more than create awareness. Self- and symptom-assessments can empower patients to recognize risks early. Genetic testing services can clarify diagnostic pathways. High-quality telehealth networks can shorten time-to-specialist and speed initiation of care at a moment when appointment wait times are lengthening due to specialist shortages nationwide. These are not just communications tools; they are interventions that remove friction and accelerate progress through the journey. For pharma, this means rethinking DTC as a first contact, one that should seamlessly pull patients into a stream of information, support and care access that guides them to the right diagnosis or treatment more quickly.

Beyond awareness: three archetypes of patient journey friction

In many therapy areas, the barriers are not at the top of the funnel but deeper in the patient journey. We see three recurring archetypes of friction that awareness alone cannot solve:

- **Underdiagnosis and delayed diagnosis:** This pattern is especially pronounced in rare diseases and newly characterized conditions, where patients often present with nonspecific symptoms. Because these diseases are not top-of-mind for most providers, patients may cycle through multiple physicians and face years-long diagnostic delays
- **Undertreatment due to entrenched standards:** In categories where biologics or specialty therapies compete with entrenched standards, such as steroids or generics, clinical inertia is a formidable barrier. Physicians may default to familiar protocols, underappreciate the burden of disease or reserve newer options for later lines. As a result, patients remain "satisfied" with less effective treatments and continue to be underserved
- **Therapy access and fulfillment hurdles:** Even when diagnosis and prescribing intent are in place, barriers at the point of care can derail treatment. Complex initiation protocols, payer approval requirements and limited provider or site capacity create friction that delays or prevents patients from starting and staying on therapy. These hurdles not only slow uptake but also drive treatment drop-off across the journey

Each of these archetypes underscores why the traditional model of "awareness = conversion" no longer holds. Patients must be supported with solutions that go beyond communication—interventions that directly address diagnostic delays, clinical inertia and fulfillment barriers.

Pharma's response so far: a wave of direct-to-patient platforms

Recognizing these gaps, many pharma companies have sought to build direct-to-patient (DTP) platforms. The ambition is bold: to move beyond awareness and deliver services that simplify care access, streamline therapy fulfillment and guide patients through fragmented treatment pathways while preserving compliant and independent clinical decisions.

This momentum has also been reinforced by policy signals. Earlier this year, the White House issued an executive order directing the Department of Health and Human Services to explore mechanisms for manufacturers to sell directly to U.S. patients at most-favored-nation prices. More recently, it announced plans for a "TrumpRx" online site that will offer consumers select drugs at discounts. While the success of such measures remains uncertain, they highlight growing government interest in reshaping how patients access medicines and underscore that direct models of patient engagement and access are firmly on the industry's agenda.

The early versions were simple: "Talk to a doctor" buttons embedded in brand websites. But more recently, DTP has expanded to include telehealth, diagnostics, nurse support and fulfillment integration. The appeal is clear: if these friction points can be addressed directly, patients can move from awareness to treatment more seamlessly. Yet despite heavy investment, performance has been uneven.

In some categories, particularly those with strong latent demand (e.g., obesity, dermatology), DTP platforms have shown real promise. But across the industry, outcomes have varied dramatically. ZS research shows nearly a 20x performance gap between top- and bottom-performing DTP programs, far greater than the variation seen in more traditional go-to-market levers like field sales or omnichannel engagement.

FIGURE 1:

Performance gaps across life sciences mediated direct-to-patient models

Performance comparison	Most telehealth implementations (A)	Best-in-class performance (B)
Marketing campaign CTR	0.1%-0.5%	~1%
Engagement with service (telehealth)	1%-4%	10%-20%
Discussing treatment options	50%	60%
Grant rate: Likelihood to treatment[1]	70%	85%
Treatment access[2]	76%	90%

A	B	Illustrative flow
20M	20M	Campaign impressions
~60k	~200k	DTP platform visits
~1.5k	~30k	Telehealth consults
~750	~15k	Treatment access

20x difference in the channel's impact

Source: ZS Research; 1. Baseline numbers are situation specific and shown here as illustrative, DTP is expected to have ~20% better performance due to clear clinical eligibility determination, navigation support, personalization, closed loop CRM and recency/frequency of education; 2. Baseline numbers are situation specific and shown here as illustrative, seamless DTP treatment access with auto-refill and other adherence programs mediated directly to patient

Why the gap? And why are so many platforms underperforming expectations?

DTP isn't just DTC with a checkout button

The underperformance of many DTP initiatives is not simply about budget or branding. It stems from a set of recurring structural gaps that prevent these platforms from moving patients from awareness to activation. When we look across industry, four recurring problem areas emerge:

- **Dissonance in activation messaging:** Too often, campaigns advertise the availability of telehealth ("Now available via telehealth") rather than addressing the patient's underlying need. Without a clear reason to care or act, patients view the channel as another marketing message rather than a solution. This problem is amplified when branding and placement are inconsistent, for example, bolting a telehealth button onto a brand site without integration or creating disease-branded assets that compete for attention with the core brand. The result is confusion, lack of engagement and diluted impact.
- **Generic and transactional experiences:** High-value drivers in complex therapeutic areas require deep engagement. Frustrated patients aren't shopping for an off-the-shelf quick fix, they're navigating a maze of fear, symptoms and fragmented care. Static informational content and generic "click-to-book" links may drive initial impressions, but are unlikely to instill trust, educate or drive next steps. Meaningful digital experiences that feel personalized, clinically credible and integrated with care access can drive diagnosis, treatment initiation and long-term adherence in ways that shallow digital touch points can't.
- **Basic clinical models that fail to meet patient needs:** The clinical layer in most DTP solutions is thin. Patients may be routed to general telehealth providers without specialty expertise, limited scope of services or continuity of care. A superficial telehealth experience that is optimized to deliver commoditized care will collapse under the weight of a cancer, autoimmune or rare disease journey. The ideal model, by contrast, requires specialty-led teams, longitudinal care coordination and broad service coverage (e.g., diagnostics, therapeutic initiation, prior auth support, navigation, referral back to in-person care). Without these elements, DTP platforms fall short of being credible clinical pathways.
- **Fragmented data strategies:** Most programs struggle to collect, integrate and use data effectively. More specifically:
  - Limited or poorly structured data contracts leave sponsors blind to engagement or fulfillment outcomes
  - Consent language restricts integration or reuse of insights
  - Lack of tokenization or infrastructure makes it hard to link and analyze data across patient touch points

The result is surface-level analytics focused on clicks or visits, with little visibility into where patients drop off or how outcomes can be improved.

From aspiration to activation: key success factors to get DTP programs right

Several DTP solution implementations have not failed for lack of ambition; they have struggled because the capabilities they have historically relied on aren't designed for the complexity of modern care journeys. What separates the few high-performing programs isn't bigger budgets, but sharper execution across five success factors. These are the building blocks that transform DTP from a tactical pilot into a scalable, conversion-focused commercial model:

Purpose-built, tailored platforms: Generic templates fall short. Effective solutions use configurable, modular platforms designed for the nuances of each therapy area. These platforms prioritize conversion by embedding patient-centric design, evidence-based nudges and activation tools, such as self-assessments and eligibility screeners.

Clinically credible service: Patients need more than transactional telehealth. Curated networks of specialty-led providers, operating under medical directorship and supported by multidisciplinary teams, ensure quality, credibility and continuity of care across the patient journey.

Integrated solution implementation: Rather than stitching together siloed vendors, agencies or functions, leading programs orchestrate experience design, clinical design, marketing and operations under one operating model. This ensures alignment from strategy through execution and preserves both clinical integrity and commercial outcomes.

Accountable, compliant end-to-end partnerships: Regulatory safeguards must be built into the model, but without creating unnecessary friction for patients or excessive burden in standing up and piloting solutions. What is needed is a single accountable entity with transparent, compliant service and value exchange. This entity safeguards the integrity of the end-to-end design and clinical intent while simplifying execution for the sponsor.

Data as a strategic asset: Holistic data contracts, thoughtful consent frameworks and real-time analytics transform programs from one-off campaigns into continuous learning systems. Treating data as a strategic asset creates a roadmap for ongoing optimization and long-term value creation.

A case study: bringing best-in-class patient activation to life in myasthenia gravis

The principles of best-in-class patient activation are already being put into practice. One example comes from myasthenia gravis (MG), a rare autoimmune condition that often takes years to diagnose. Many patients see 7-10 specialists before receiving an accurate diagnosis, leaving them in limbo and delaying treatment.

To address these challenges, ZS partnered with UCB Biopharma to launch a direct-to-patient solution on the ZEBRA platform, designed to close diagnostic gaps through precision targeting, behavioral science and integrated virtual care.

Key elements of the MG program included:

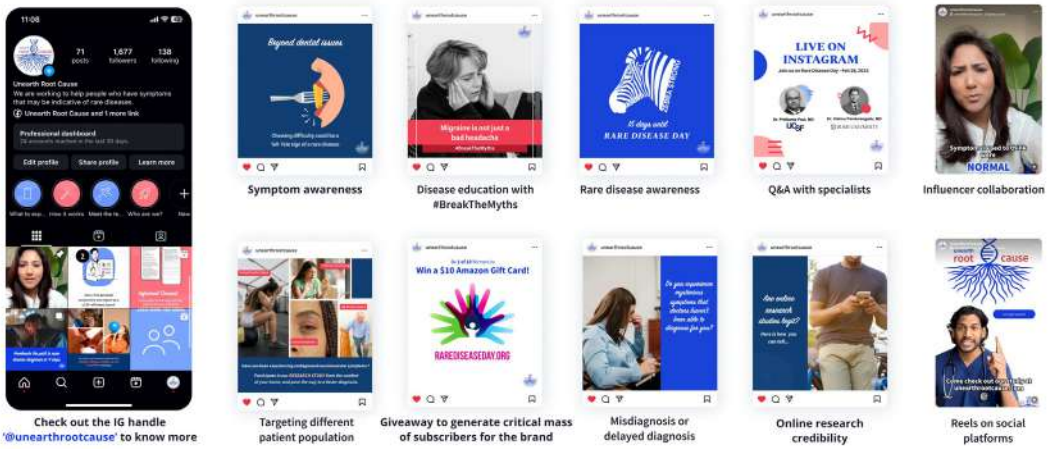
Awareness and engagement through social campaigns

ZS launched Unearth Root Cause, a social brand with campaigns on Instagram, TikTok and YouTube focused on the core patient blocker: overlooked symptoms and years-long delays. Content spotlighted early warning signs and empowered patients to seek answers, with influencer collaborations, Q&As with specialists and gamified pushes like Rare Disease Day challenges.

Impact: Campaigns outperformed industry benchmarks by 5-10 times, with high click-through rate (1%) and meaningful onsite engagement (10%), proving the value of resonant, patient-first content.

FIGURE 2:

Unearth Root Cause social media campaign creatives



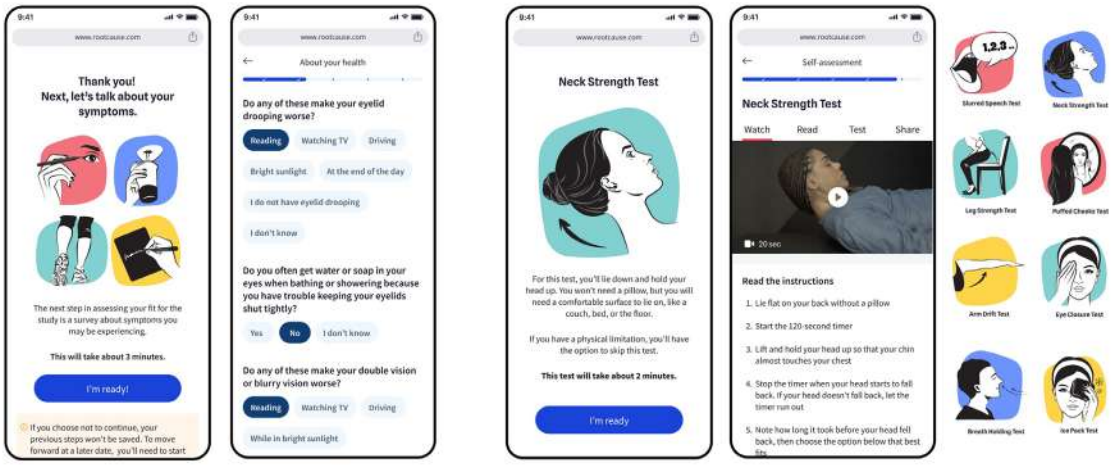
KOL-backed evidence-based self-assessment

Patients completed a research-backed assessment designed around specific patient actions. Beyond text inputs, tools included timers for speech measures, short videos for arm stretch tests and guided ice pack protocols. This reduced cognitive burden, generated clinically relevant data and helped patients understand their symptoms in a more intuitive way.

Impact: 140 patients across diverse geographies completed assessments, spending over 30 minutes on the platform—demonstrating both usability and commitment.

FIGURE 3:

Unearth Root Cause patient self-assessment



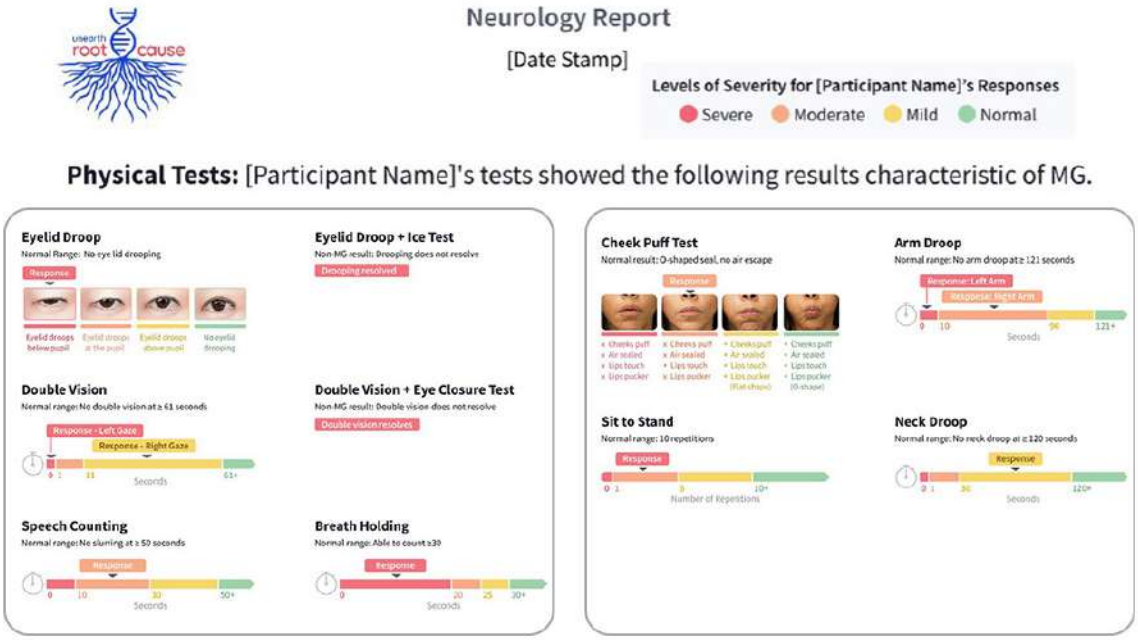
High-quality specialist oversight and structured diagnostic pathway

Patient inputs were reviewed against diagnostic frameworks and validated by specialists, culminating in a neurology-authored report that patients could take to their provider.

Impact: The program identified more than 100 likely MG cases and surfaced 20 participants who self-reported new diagnoses. Patients described the report as "empowering," with one noting: "I didn't want to be dismissed again by another doctor who might think it's all in my head. The report helped me advocate for myself and be taken seriously."

FIGURE 4:

Unearth Root Cause patient-facing report for specialist consults



This case shows how a thoughtfully designed program built on targeting, behavioral design, clinical integration and data strategy can move beyond awareness to deliver measurable impact, whether accelerating diagnosis or streamlining treatment escalation. Such models are now being actively developed for advanced treatments in immunology, hematology, cardiopulmonary and similar complex treatment specialties. A well-designed program demonstrates what's possible when pharma reimagines patient activation as a blend of engagement and care, not just advertising.

The road ahead: from vision to value

Pharma stands at an inflection point. DTC will remain an important channel, but its effectiveness is being constrained by external and internal pressures—heightened regulatory scrutiny, shrinking launch budgets and increasingly complex patient journeys. These forces make it harder for branded advertising alone to deliver the level of activation that brands need.

DTP platforms represent the natural evolution, but only if they are designed with rigor, integrated clinical and support services and continuous optimization. Done well, they can address the friction points that awareness alone cannot, helping patients move more quickly from recognition to diagnosis to treatment.

This is a pivotal moment for pharma leaders to think beyond traditional approaches and an opportunity to create novel commercial models that do more than just generate awareness. Those who seize this no-regret opportunity will define the next frontier of patient activation and pull ahead of their peers.

APPENDIX

ZEBRA: An end-to-end solution designed for impact and efficiency

ZS built ZEBRA to help clients close the performance gap in DTP. It's not a single tool but a modular, end-to-end ecosystem designed to address the needs of patients, providers and sponsors alike.

ZEBRA brings together:
Disease-specific above-brand high yield growth marketing through an engagement platform: Built on ZAIDYN® Connected Patient, the platform enables patient and provider journeys while ensuring privacy, consent and HIPAA compliance

Clinical intervention via virtual health partners: A curated network of high-quality, tested partners that deliver clinical care services fit for purpose

Implementation services: Expertise across workflow design, performance marketing, patient journey analytics and experience design to ensure platforms are not just launched but optimized over time

Legal framework: A single contract with ZS that manages risk across anti-kickback statute and practice of medicine and software as a medical device compliance, enabling confident, efficient execution

With these layers in place, ZEBRA enables clients to move quickly, operate efficiently and deliver solutions that are both impactful and compliant without having to assemble technology, partners and legal constructs from scratch:

Patients are targeted through preferred, convenient channels with resonating messages

Patients are offered an evidence-based self-assessment that fosters credibility and primes them to take high-value action

Patients are offered a convenient and affordable path to receiving clinical intervention or diagnostic testing, accelerating their path to diagnosis or advanced treatment

About the authors

Vijesh Unnikrishnan is a partner at ZS, where he leads work at the intersection of healthcare, technology and patient engagement. With deep experience in digital and connected health, he helps life sciences and medtech organizations design and implement new models for patient support, digital therapeutics and direct-to-patient care. Known for bridging domain expertise with digital fluency, Vijesh drives strategies that accelerate the adoption and impact of digital health across the healthcare ecosystem.

Archit Gupta is a healthcare and digital health solution strategist at ZS, contributing across U.S. and global markets and helping clients build and scale digital health and patient-centric programs. Archit blends technical acumen and domain insight to drive innovation at the intersection of life sciences, technology and health delivery, particularly enabling innovative patient journey solutions for life sciences companies.

Sankalp Sethi is a partner at ZS and leads the advanced therapy area within ZS's pharmaceutical practice, with experience across therapeutic areas. He has worked across the value chain, integrating commercial and supply chain with advisory and technology solutions to accelerate access to advanced therapies. He partners across the healthcare ecosystem including manufacturers, distributors, providers and patient advocacy groups in developing innovative commercial models and building patient-focused platforms to streamline access to care.

Nikhil Mittal is an associate partner at ZS, specializing in healthcare strategy and data-driven commercial planning. His background blends expertise in digital connected health, consumer marketing and health system partnerships to bring novel strategies and solutions to accelerate patient journeys for life sciences companies.

ADDITIONAL CONTRIBUTORS

Asheesh Shukla, managing principal, head of global patient strategy and services
Jon Roffman, managing principal, global pharmaceutical practice lead
Maria Whitman, managing principal, global commercialization strategy and solutions
Howard Deutsch, principal, business advisory, value and access
Victoria Summers, principal, patient marketing
Vidya Vishwanathan, associate principal, product management expertise center
Chris Hogg, digital health and virtual care founder, entrepreneur and executive

About ZS

ZS is a management consulting and technology firm that partners with companies to improve life and how we live it. We transform ideas into impact by bringing together data, science, technology and human ingenuity to deliver better outcomes for all. Founded in 1983, ZS has more than 13,000 employees in over 35 offices worldwide.

Learn more: ZS and UCB partner to accelerate myasthenia gravis diagnosis