

The Agentic Future of Patient Support Programs in Canada

Building the Foundation Today for the Patient Experience of 2028

Canada's PSPs Have Reached an Inflection Point

Canada's Patient Support Program landscape has reached a structural inflection point. Once supplementary "value-add" services, PSPs now sit at the center of specialty therapy access, with an estimated 400+ programs operating nationally and supporting therapies that routinely exceed $10,000 per patient per year.[1] As pipelines expand and reimbursement grows more fragmented, a PSP's operational maturity has become a competitive differentiator and a direct determinant of patient outcomes.

The current model cannot absorb what is coming. Canada's specialty pharmacy market is projected to nearly double by 2030, [6] while pre-pandemic models projected a nursing shortage exceeding 117,000 by 2030, a gap now widening.[2,3] PSP case managers absorb a growing share of manual administrative work that digital systems could handle, and the 2025 CMA National Physician Health Survey found that 59% of clinicians who adopted AI tools reported meaningful reductions in administrative time. [5]

The strategic choice is binary: continue to scale by adding headcount into inefficient manual workflows or build toward an Agentic Operating Model that decouples growth from staff capacity.

PSPs can capture three distinct value pools through a staged transformation, each designed to generate measurable returns before the next is funded:

- Operational efficiency: Structured automation of enrollment, documentation, and coordination tasks, conservatively yielding a 15 to 25% reduction in administrative hours per case in targeted workflows within the first 6 to 12 months.
- Time-to-therapy acceleration: Proactive agent-driven reverification, prior authorization support, and referral triage that reduces access delays compounded by fragmented provincial systems.
- Workforce elevation: Shifting staff from administrative coordination toward patient engagement, adherence support, and complex care decisions, addressing the burnout and retention pressures that 46% of physicians already report. [5]

The Prepare, Perform, Predict framework sequences transformation across three stages, with a core design principle: each stage must deliver sufficient operational value to justify and fund the next. [12] Complex autonomous workflows typically require four or more years to mature, [4] which means the foundational work programs begin today determines who leads and who follows. This paper offers a perspective on how PSPs can navigate that journey, grounded in industry research and frontline input from PSP operators across Canada. It also raises open questions, including the workforce implications of concentrating complex work as routine tasks are automated, that the industry will need to design for as agentic models mature.



Contents

01 **Canadian Context**

Why change is non-negotiable: a market outpacing its operating model, a workforce under sustained pressure, and fragmented data infrastructure.

02 **The Vision**

The agentic PSP of 2028, where an evolved workforce and digital teammates collaborate on a design challenge that has no settled answers yet.

03 **Strategic Framework**

The Prepare, Perform, Predict path: from digitization groundwork to systematizing predictable work to intelligent, agentic operations.

04 **How PSPs Can Begin Today**

Practical first steps: align the organization around the patient journey, define outcomes that deliver early wins, and establish governance to build iteratively.

US $13.9B

Specialty pharmacy market by 2030
from US$7.4B in 2024

11.2%

CAGR driving enrollment volumes programs cannot sustain

46%

of physicians report burnout driven primarily by admin load
1.5x pre-pandemic

19 hrs/wk

on admin tasks — primary care providers, Ontario alone

A market outpacing its operating model

PSPs are expanding faster than their operating models were designed to absorb. This demand is colliding with a workforce under sustained pressure: Health Canada projects that supply-demand gaps for nurses and physicians will persist and widen through 2034, while 46% of physicians report burnout driven primarily by administrative load, still 1.5 times pre-pandemic levels. These pressures mirror directly what case managers face inside PSPs.

Fragmented data and the risk of automating the chaos

Compounding both pressures is fragmented data infrastructure. Canada's provincial structure produces inconsistent data standards, limited interoperability, and continued reliance on fax- and paper-based processes. In practice, a single patient case may require a case manager to navigate a CRM, fax portal, payer website, pharmacy platform, and internal documentation tools just to move from referral to therapy initiation. Each transition introduces transcription effort, re-entry, and error potential.

> *"Operations teams don't care about the term AI — they care about not copying the same data into three systems."*
>
> PSP Operational Leader

> *"Patients ask, 'Why am I being asked for the same information again? Why has nothing happened in two weeks? Did my case get lost?'"*
>
> PSP Executive

These disconnected workflows introduce rework, duplication, and compounding delays that directly lengthen time-to-therapy.

Institutional momentum and early proof points

The imperative is gaining institutional recognition. Ontario's Patients Before Paperwork initiative commits to replacing fax-based referrals, prescriptions, and lab workflows with digital alternatives. Its AI scribe pilot demonstrated a 70% reduction in documentation time, [9] a result that illustrates what is achievable when administrative friction is systematically removed. If comparable reductions are possible in primary care, the efficiency opportunity inside PSP operations is substantial. [15]

Sequencing reform before scaling automation

The path forward requires sequencing. Several PSP leaders warn that layering automation onto unstable workflows risks "automating the chaos." As one put it directly: "If the underlying data is inconsistent and spread across multiple platforms, intelligent workflows will just automate the chaos unless we address the fundamentals at the core." Workflow redesign and data discipline must come first.

The Vision

The PSP of 2028 operates with an agentic ecosystem where intelligent digital workers support human teams, handling the administrative load that today slows therapy access. When PSP leaders describe this future, they rarely speak of full autonomy. Instead, they describe "digital teammates" that prepare, coordinate, and monitor work while humans retain judgment.

AI agents act as workforce extensions, advancing routine administrative work before it becomes a bottleneck. A Reverification Agent monitors coverage expiry timelines and prepares eligibility checks in advance of renewal, allowing therapy to continue uninterrupted while reserving case manager attention for exceptions. Similar capabilities support benefit clarification, referral coordination, scheduling, and documentation, enabling predictable work to progress reliably in the background.

These capabilities take time to design, deploy, and stabilize, which is why 2028 represents a realistic horizon. The foundational work PSPs begin today determines how quickly that future becomes operational.

Illustrative Example: Workforce Evolution in an Agentic PSP

Consider the case manager. Today, the role blends clinical engagement with administrative coordination: enrollment follow-ups, benefits verification, documentation review, and internal routing spread across multiple disconnected platforms, consuming hours that could be directed toward patient care.

In an agentic PSP, predictable administrative tasks move into structured digital workflows. AI agents prepare summaries, flag missing information, and coordinate routine steps under defined oversight. The human role focuses on clinical judgment, exception handling, and meaningful patient engagement.

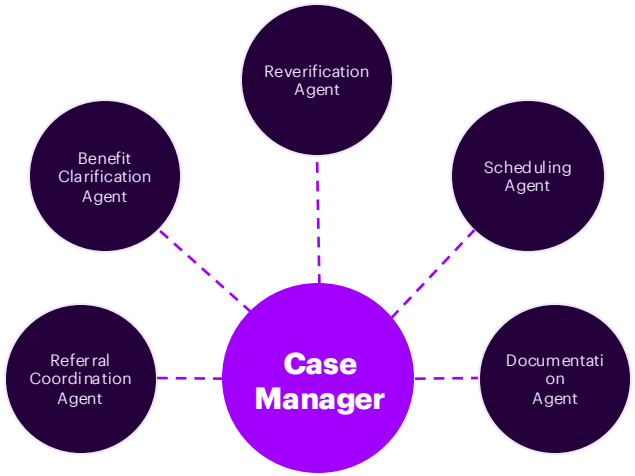


Figure 1: Sample Agentic Ecosystem with Digital Teammates

The case manager retains judgement; digital teammates handle routine work around them

> *"If case managers are not moving toward more clinical focus, they will be left behind "*
>
> PSP Operational Leader

Another described the future state as case managers who

> *"start to learn what is truly important in the specialty journey ",*
>
> PSP Leader

spending their time on high-priority patients and complex decisions rather than administrative throughput. Done correctly, this removes background friction rather than compressing work into higher intensity. The goal is staff working at the top of their capabilities, with digital systems managing the repeatable steps that today consume their time.

A design challenge without settled answers

There is, however, a dimension of this transition that requires deliberate design. When AI handles routine cases and routine steps, the remaining caseload shifts toward higher-acuity, higher-complexity work. Research on AI-augmented healthcare roles has found that this concentration of demanding work, without the natural cognitive variation that lower-complexity tasks provide, can intensify burnout rather than relieve it, a pattern increasingly observed across AI-enabled knowledge work more broadly.

The implication is that workforce redesign in an agentic PSP cannot stop at task redistribution. It must also consider how work is structured across the day and across the role.

Whether that means introducing deliberate task rotation, adjusting caseload intensity models, or rethinking the composition of the case manager role itself, the organizations that account for cognitive sustainability alongside operational efficiency will retain the clinical talent that makes agentic operations work. This is an emerging challenge without settled answers, but it is one the industry should be designing for now rather than discovering through attrition later.

Prepare, Perform, Predict

Transforming a PSP into an agentic operation is not achieved by adding technology to existing workflows. The prerequisite isa stable, structured operational foundation.

The framework consists of three sequential stages, each designed to deliver measurable operational value in its own right. This is a critical design principle: the gains from each stage must be sufficient to justify and fund the investment required for the next. A transformation dependent on speculative future returns is fragile. One that delivers measurable value at each step is sustainable. [12]



Prepare: Lay the Groundwork for Digitization

Prepare focuses on mapping the end-to-end patient journey, from referral through enrollment, benefits verification, prior authorization, therapy initiation, and reverification, to distinguish steps that advance a case from those that create unnecessary work.

Perform: Digitize and Systematize Predictable Work

Once workflows are stable, Perform replaces manual execution of predictable tasks with rules-based automation.

Predict: Introduce Intelligence and Prime for Agentic Operations

With predictable tasks digitized, PSPs can introduce intelligent agents that support case progression by identifying patterns, surfacing missing information, and advancing routine steps under defined oversight.

Together, these stages form a practical path from fragmentation to agentic capability. Each manages risk by delivering value before the next is funded, builds trust through demonstrated results, and creates the prerequisites subsequent stages depend on. Skipping stages does not accelerate the journey; it undermines the foundation that makes later stages work

The Value Delivered at Each Stage

1. PREPARE

Reduce effort per case

Make bottlenecks visible before automation is introduced.

Value Delivered

Workflow mapping surfaces high-friction bottlenecks fixable through process simplification alone, such as removing a redundant consent step or standardizing routing, reducing effort per case with no technology investment. It also establishes the baseline metrics (time-to-therapy, admin hours per case, rework rates) without which later stages cannot demonstrate ROI. The gains and measurement discipline from Prepare are what make the investment case for Perform credible.

2. PERFORM

Free up clinical capacity

Move predictable tasks into rules-based workflows.

Value Delivered

Early automation typically reduces administrative hours per case by 15 to 25% in targeted workflows. These gains compress enrollment-to-therapy cycle times and free clinical capacity. They also produce structured data without which the agents in Predict cannot function. Gains are typically measurable within 6 to 12 months.

3. PREDICT

Protect therapy continuity

Monitor coverage expiry, surface missing information and flag exceptions for human review.

Value Delivered

PSPs at this stage experience reduced therapy interruptions, faster authorization cycles, and case managers redirected toward clinical engagement. They operate with a hybrid human-agent workforce on stable workflows and consistent data, providing the foundation for more advanced capabilities over time.

The Action Agenda: How PSPs Can Begin Today

Agentic modernization begins with preparing the environment in which those capabilities can operate safely. The following five priorities represent the highest-leverage starting points, not the easiest, but the ones that create conditions everything else depends on.

01 Align the Organization Around the Patient Journey.

The single most common reason transformations stall is misaligned stakeholders discovering mid-program that they define the problem differently. Mapping the end-to-end patient journey surfaces these misalignments early. This mapping should capture both patient and system perspectives and should be done before any automation is scoped.

02 Define Outcomes That Matter Most

Three primary metrics should anchor every PSP transformation: time-to-therapy (referral to first dose), administrative hours per case, and patient experience tracked through NPS and adherence rates. These connect directly to sponsor value, patient outcomes, and workforce sustainability. Secondary metrics (no-show rates, enrollment conversion, reverification cycle times) provide the granularity to demonstrate early progress. Defining metrics before transformation begins is what separates programs that can demonstrate ROI from those that cannot.

03 Deliver Early Wins That Build Trust

The highest-value early interventions simultaneously reduce administrative friction and generate structured data. Consolidating a unified knowledge repository for payer and formulary information immediately reduces search time while creating a data asset for knowledge agents. Simplifying enrollment forms and sharpening routing rules reduces rework while producing cleaner intake data. In a sector where 46% of physicians report burnout, [5] these wins convert frontline staff from skeptics into champions.

04 Establish Governance from the Start

Governance must be defined in parallel with early pilots. PSPs should define which activities agents can support, where human review is required, and how exceptions escalate, including protocols for therapy access disruptions, adverse event signals, and coverage denials requiring clinical judgment. This extends to data residency and privacy: tooling must remain native to Canada and fully auditable, requirements that are non-negotiable in regulated healthcare. PSPs that define these boundaries early move faster later, because teams operate with clarity rather than relitigating scope at every deployment.

05 Build Iteratively and Let Each Success Fund the Next

First, stabilize the two or three workflows with the highest administrative volume and most manual handoffs, enrollment coordination and benefits verification. Second, automate the most rule-bound of those workflows. Third, deploy the reverification agent as the first intelligent agent. Each step generates data, confidence, and maturity for the next. Critically, frontline staff must be engaged from the start, not informed after the fact. Teams that have lived through repeated platform changes and tool introductions will resist adoption if AI is perceived as "yet another system" imposed from above. Organizations that treat early work as investment and bring their people along, will outperform.

The Cost of Inaction is Erosion

Canadian PSPs stand at a critical moment. The CMA's 2025 data confirms that 46% of physicians experience burnout driven by administrative load, workforce gaps will persist through at least 2034, [5,7] and specialty pharmacy is growing at over 11% annually. [6] PSPs that absorb this pressure through headcount alone will find the model unsustainable.

The cost of inaction is not stasis; it is erosion. As therapy pipelines grow more complex, as payer systems layer additional requirements, and as workforce supply fails to keep pace, PSPs that operate manual processes will experience widening gaps between what sponsors expect and what operations can deliver. Time-to-therapy will lengthen. Staff attrition will accelerate. Competitive differentiation will shift to organizations whose infrastructure can absorb complexity without proportional increases in headcount or cost.

The opportunity is concrete. Efficiency gains of 15 to 25% in administrative hours per case are achievable within 6 to 12 months of structured automation.

Time-to-therapy can be shortened through proactive reverification and authorization support. Case managers can be redirected toward patient engagement and complex care. As specialty pipelines expand, PSP operational maturity increasingly differentiates sponsors: speed, predictability, and reliability of access are becoming competitive advantages. [4]

The central promise of the agentic PSP is not technological sophistication. It is operational calm, scalable infrastructure, and human elevation.

The path forward is clear: map the patient journey, define the metrics that matter, stabilize the highest-friction workflows, and let each success fund the next. The PSPs that begin this work now will define the next generation of patient support in Canada. Those that wait will find themselves building the foundation under pressure, while competitors are already scaling what works.

THE OPPORTUNITY

15-25%

reduction in administrative hours per case

6-12 months

to measurable gains from structured automation

AGAINST

46%
physician burnout

2034
workforce gaps persist to

11%+
annual specialty pharmacy growth

> *"The measure of success won't be how sophisticated the AI is. It will be whether patients feel cared for and whether our teams feel empowered rather than replaced."*
>
> Strategy Leader

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Glossary

Agentic Operating Model — An operational approach in which intelligent agents handle defined, repeatable administrative tasks within governed workflows, allowing human staff to focus on clinical judgment, exception handling, and patient engagement. Distinguished from full automation by its reliance on human-in-the-loop oversight.

Agentic PSP — A Patient Support Program that integrates intelligent agents into its workflows to reduce administrative burden, improve consistency, and accelerate time-to-therapy, while maintaining a human-in-the-loop governance model.

Autonomous Agents — Intelligent systems that execute defined, low-risk operational tasks within established rules and governance. In Patient Support Programs, they advance structured workflows while escalating exceptions and patient-impacting decisions to human oversight, enhancing reliability without replacing clinical judgment.

Benefits Verification — The process of confirming a patient's insurance coverage, eligibility, and reimbursement conditions for a specific therapy. A significant source of administrative burden in PSP operations due to fragmented payer systems across Canadian provinces.

Dark Data — Operational signals generated by manual workflow steps, including timestamps, handoffs, rework instances, and processing delays, which are not systematically captured or analyzed. Making dark data visible is a key objective of the Prepare stage, enabling PSPs to identify bottlenecks before automation is introduced.

Human-in-the-Loop — A governance model in which AI agents execute defined tasks autonomously but escalate exceptions, patient-impacting decisions, and edge cases to human review. Foundational to safe and auditable agentic operations in regulated healthcare environments.

Net Promoter Score (NPS) — A measure of patient satisfaction and loyalty based on their likelihood to recommend a program or service.
Patient Support Program (PSP) — Programs sponsored by life sciences organizations to support patients through therapy access, reimbursement coordination, adherence monitoring, and ongoing engagement.

Prior Authorization — A requirement by payers that prescribers obtain approval before a specific therapy is covered. One of the most time-intensive workflow steps in PSP case management, and a primary target for agent-driven automation in the Predict stage.

Reverification — The periodic process of confirming that a patient's insurance coverage and eligibility remain active for an ongoing therapy. Coverage gaps identified late in the reverification cycle are among the most common causes of therapy interruption.

Rules-Based Automation — Automation that executes predefined workflow steps based on explicit logic and conditions, without requiring machine learning or AI inference. The primary automation approach in the Perform stage, distinguished from intelligent agentic automation introduced in the Predict stage.

Time-to-Therapy (TTT) — The time between patient enrollment and therapy initiation. Reflects the efficiency of reimbursement, documentation, and case management processes, with shorter TTT associated with improved access and program performance.

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