Biopharma Intelligence Report · April 2026 · 22 Industry Sources

OnMed® CareStation

Biopharma Use Cases & Cost Landscape

A Comprehensive Analysis Across the Drug Development Lifecycle.

Executive Overview

The Structural Gap at the Heart of Drug Development

Every year, pharmaceutical companies **spend billions developing drugs** that will ultimately serve all of America, yet the patients who participate in clinical trials represent a remarkably narrow slice of the population they are intended to treat. Trials are overwhelmingly conducted at a small number of Academic Medical Centers AMCs) **with fewer than 150 institutions** accounting for the vast majority of U.S. trial activity.

This geographic and demographic concentration creates structural gaps at every stage of drug development that cost the industry billions of dollars annually in recruitment delays, patient dropouts, surveillance deficits, and missed commercial opportunity.

OnMed's CareStation™

Is an **AI-powered, always human-delivered clinic** deployed inside a purpose-built 8×10 unit, bringing high-quality clinical infrastructure directly into communities. **Deployable in 30 days.**

<150
U.S. institutions drive the majority of trial activity

120M
Americans unreachable by current AMC-centric infrastructure

4.96/5
CareStation patient satisfaction rating

78%
Of CareStation users have no primary care physician

37%
CareStation repeat patient usage rate

OnMed®
Healthcare Anywhere

The 4 Biopharma Use Case Buckets

Bucket 1
Pre-Clinical Trial
Community Reach

Bucket 2
During the Trial
Trial Community

Bucket 3
Post-Trial
Real-World Proof

Bucket 4
Commercial
Market Access

Pre-Clinical Trial

1.1 Patient Identification & Pipeline Development

Today, site activation, feasibility studies, EHR mining, and CRO fees for a single Phase III program cost between ***$5M and $20M*** before a single patient is enrolled. Over 60% of traditional clinical trial sites routinely under-enroll, and 11% enroll no patients at all.

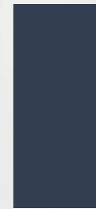
OnMed Opportunity

CareStations change that. By deploying in pharmacies, community centers, employer campuses, and rural health systems, they can reach the 120 million Americans who are largely invisible to AMC-centric trial infrastructure. Pre-built community relationships eliminate cold-start feasibility costs entirely. *The patients are there. The infrastructure is there. The only thing missing is the access point.*

1.2 Clinical Trial Diversity & Inclusion Planning

The FDA released updated Diversity Action Plan guidance in June 2024, requiring formal DEI enrollment plans for all Phase 3 trials. **Yet only 14% of clinical trial protocols explicitly include diversity considerations as of 2025.** Only 24% of clinical trial professionals benchmark disease demographics against enrolled populations.

Diversity enrollment for a Phase III trial adds $2M–$10M above standard budgets. Sanofi spent $18M in 2024 just building the infrastructure to reach those patients.



OnMed Opportunity

78% of CareStation users have no primary care physician and represent the most chronically underrepresented populations in clinical research. Community-embedded recruitment brings cost from **$806 to ~$3 per enrolled participant.**

Pre-Clinical Trial

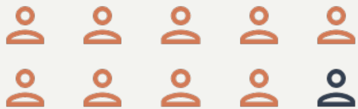
1.3 Pre-Screening & Candidate Qualification

Under the current model, each clinic visit carries a median cost of approximately $3,685. In complex indications, screen-to-enrollment ratios reach 10:1 or higher, pushing the all-in pre-enrollment cost per ultimately enrolled patient to between ***$15,000 and $40,000.***

OnMed Opportunity

CareStations eliminate the waste built into traditional trial models before it starts. Clinical-grade diagnostics at community locations compress timelines, improve enrollment ratios, and cut costs. ***Less friction. Lower cost. Better care.***

Screen-Fail Ratio · Complex Indications



10 : 1 screen fail ratio currently

1.4 Pre-Trial Community Engagement

Only 3–5% of physicians proactively discuss clinical trial options with their patients. Individual programs commonly budget **$500K–$5M** for community engagement. Despite these investments, impact is limited because they are episodic rather than continuous.

OnMed Opportunity

The OnMed CareStation is a permanent healthcare presence in the community, **not a one-time outreach event.** Investing in care infrastructure and sponsoring CareStations in strategic communities, will build trusted relationships with an entirely new patient pool that is largely missing from current recruitment channels.

Bucket 2 of 4

During the Clinical Trials

2.1 Patient Recruitment & Enrollment

Patient recruitment is ***the largest cost driver*** in clinical trial execution, accounting for approximately 32% of total trial costs. The U.S. pharmaceutical industry spends an estimated ***$1.89 billion annually*** on patient recruitment activities.

$1.5M–$8M

Lost per day in delayed market entry ***due to enrollment challenges.*** Oncology and rare disease programs can reach $10M/day.

OnMed Opportunity

Distance and time burden blocks 40% of otherwise eligible patients from participating. The OnMed CareStation can provides geographically distributed ***local enrollment infrastructure***, giving sponsors access to a continuously growing, pre-identified, and diagnostically profiled patient base.

Trial Continuity - The Dropout Problem

Annual spend
$1.89B
patient recruitment activities

Market opportunity lost
$1.5M–$8M
per day of delay across most therapeutic areas

Costs
$20K
per patient replacement in the programs

OnMed Opportunity

CareStations embedded in communities reduce the burdens driving 40% of dropouts. The ***37% repeat usage rate*** demonstrates the engagement model is already working.

2.2 Patient Retention & Dropout Mitigation

Approximately ***30% of enrolled patients drop out*** before completion. Replacement cost: ***$19,000–$20,000***—roughly 3× the original enrollment cost. 40% of dropouts cite travel burden as the primary reason.

Bucket 2 of 4

During the Clinical Trials

2.3 Site Monitoring & Protocol Compliance

On-site CRO monitoring consumes up to ***25% of the total trial budget***—$25M on a $100M program.

$100M	$25M
PHASE III BUDGET	Just for monitoring

OnMed Opportunity

The CareStation serves as a decentralized monitoring layer—enabling routine protocol data collection at community sites, ***reducing costly CRO monitoring visits.***

2.4 In-Trial Patient Support Services

Patient burden, not patient reluctance, is what ends trials early. To counter it, large pharma companies now run an average of 100 patient support programs simultaneously, ***each costing $3M–$30M per brand annually.***

Yet despite this investment, ***only 25% of trials use decentralized monitoring***—the one intervention proven to reduce dropout by bringing data collection to the patient instead of the other way around.

In-Trial Patient Support

75% still require site visits

25% use decentralized monitoring

OnMed Opportunity

The CareStation can replace expensive call-center and field nurse deployments with in-person clinical support, side effect management, and protocol education—in a scalable, 8x10' ***"Clinic-in-a-Box"*** that can be deployed anywhere with an electrical outlet, bringing patient monitoring close to home, where patients live, and work.

OnMed®
Healthcare Anywhere.

Bucket 3 of 4

Post-Clinical Trial Completion

3.1 Post-Market Surveillance

The global Pharmacovigilance (PV) market was valued at $6.97 billion in 2021, growing at 10.5% CAGR. An average generic pharma company pays up to $23.4M/year in PV fees. Phase IV post-marketing surveillance is the single largest segment at ~34.5% of market revenue.

$6.97B
Global PV market size (2021) growth rate

10.5%
PV market growth rate

OnMed Opportunity

The CareStation's 78% medical home rate and 37% repeat usage ***generates continuous longitudinal data***— replacing passive voluntary adverse event reporting with active real-world monitoring from diverse populations.

3.2 Real-World Evidence (RWE) Generation

Individual RWE partnerships and registry programs range from $1M–$15M+ per therapeutic area. The fundamental limitation: claims data, EHR extracts, and patient registries are derived from patients already inside the healthcare system.

120 million Americans are invisible to every RWE dataset.

3.3 Long-Term Patient Follow-Up

Outbound follow-up programs relying on phone or mail achieve response rates ***below 20%.*** Field nurse educator visits cost ***$200–$500 per interaction*** and are concentrated in urban markets.

In chronic disease areas, the relevant follow-up window extends ***years or decades*** beyond the original trial—yet the infrastructure to maintain this does not exist for high-burden patient populations.

OnMed Opportunity

The OnMed CareStation, sponsored and distributed into communities with hard to reach demographics, gives pharmaceutical companies a ***patient for life,*** one who relies on that CareStation as a primary medical home.

Commercial Line of Business

4.1 Patient Support Programs & Hub Services

The industry invests nearly ***$5 billion annually*** in patient support programs (PSPs). Individual brands spend ***4%–12% of annual brand revenue*** on PSPs and $3M–$30M/brand annually on co-pay buy-down programs. As of 2024, specialty drugs represented ***93% of all new U.S. drug launches.***

OnMed Opportunity

The CareStation serves as a ***physical PSP delivery point***—benefits navigation, clinical nurse education, co-pay support, and adherence monitoring, ***in person***, at the point of care, in the community.

4.2 GLP-1 & Metabolic Disease

Take obesity as one example.GLP-1 utilization grew 84.6%from 2023 to 2024, yet over 50%of patients prescribed GLP-1s for weight loss discontinued within 12 months in real-world settings.The reasons are consistent across chronic conditions:

Reason	Share
Side effects	43.7%
Financial barriers	30.9%
Adherence issues	15.3%

4.3 Chronic Disease Monitoring & Evaluation

Field Reimbursement Managers and Clinical Nurse Educators cost ***$200–$500+ per interaction*** and cannot reach rural and underserved patients. Commercial monitoring programs cost ***$2M–$10M+ annually per product.***

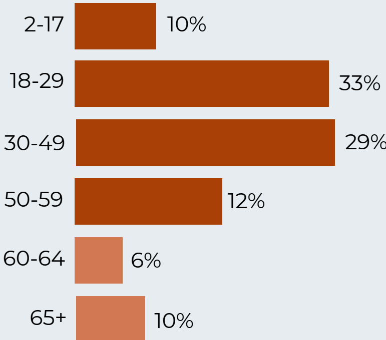
OnMed Opportunity

By investing in physical infrastructure, embedded in the community, clinicians can address and treat side effects before a patient gives up and discontinues use of drugs that may have easy to address treatment solutions.

Patient Demographics

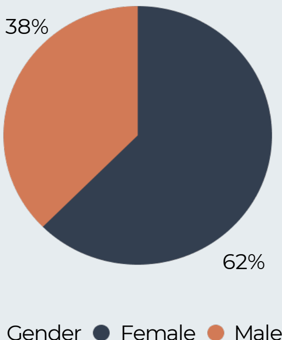
Breakdown by Age

Average Age: 39



Consultations

Breakdown by Gender



78%

Call the CareStation their medical home

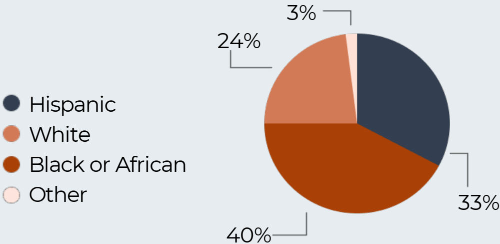
69%

Received a prescription

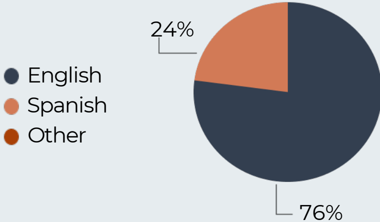
4.96/5

Patient satisfaction

Breakdown by Race



Breakdown by Language



OnMed CareStation™—Biopharma Use Cases: Current Costs & Estimated Savings

All cost data cited; superscript numbers reference the full numbered bibliography in the preceding section.

Use Case & Sub-Category	Current Industry Cost (Cited)	OnMed CareStation™ Benefit	Estimated Savings / Value Impact
Bucket 1: **Pre-Clinical Trial**			
Patient Identification & Pipeline Development	$5M–$20M per Phase III before first patient enrolled.	CareStations reach 120M invisible Americans; pre-built community trust eliminates cold-start feasibility costs	20–40% reduction in site activation costs; faster feasibility timelines vs. AMC-centric model
Clinical Trial Diversity & Inclusion Planning	$2M–$10M+ per program; paid media $806/enrolled diverse patient, only 14% of protocols include DEI.	78% of CareStation users have no PCP; community-embedded trust meets FDA DAP requirements organically.	~$803 saved per diverse patient vs. paid media; eliminates $2M–$8M in diversity vendor spend per program.
Pre-Screening & Candidate Qualification	$15,000–$40,000 per ultimately enrolled patient; median visit cost $3,685; 10:1 screen-to-enroll ratios common	Clinical-grade diagnostic suite (BP, pulse ox, thermal imaging, stethoscope, cameras, otoscope) at community sites.	40–60% reduction in per-patient screening cost; eliminates travel burden for screen-failure patients.
Pre-Trial Community Engagement & Awareness	Part of ~$5B annual PSP spend; 3–5% of physicians discuss trials with qualifying patients ; $500K–$5M per program	Permanent community healthcare presence; 4.96/5 satisfaction; trust already in place before sponsor engages.	Replaces $500K–$5M per-program engagement spend; relationships generated through routine care delivery.
Bucket 2: **During the Clinical Trial**			
Patient Recruitment & Enrollment	$6,500–$7,000/patient 32% of total trial costs ~$1.89B annual U.S. spend delays cost $1.5M–$8M/day	Local distributed enrollment access eliminates the logistics barrier blocking 40% of eligible patients.	30–50% reduction in recruitment cost; weeks-to-months timeline acceleration; $1.5M–$8M saved per compressed day.
Patient Retention & Dropout Mitigation	$19,000–$20,000 to replace each dropout ~30% average dropout rate delays add $1M–$10M+/month.	CareStations as local check-in points; routine monitoring close to home; 37% repeat usage rate.	Reducing dropout 30%→15% on 1,000-patient trial saves $9.5M–$10M in replacements + $30M–$300M in avoided delays.
Site Monitoring & Protocol Compliance	Up to 25% of total trial budget for on-site monitoring trial tests 3–4x routine medical rates	Decentralized monitoring layer; routine protocol data collection at community sites; reduces CRO travel.	15–25% reduction in monitoring costs; $3.75M–$6.25M saved on a $100M Phase III program.
In-Trial Patient Support Services	$3M–$30M per brand annually avg 100 PSPs per company up to 25% of trial budget on patient management.	In-person clinical support at community level; replaces call-center and field nurse deployments.	Reduces per-patient support cost; lowers PSP overhead; 30-day deployment vs. months for traditional site activation.

OnMed CareStation™—Biopharma Use Cases: Current Costs & Estimated Savings

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Use Case & Sub-Category	Current Industry Cost (Cited)	OnMed CareStation™ Benefit	Estimated Savings / Value Impact
Bucket 3: **Post-Clinical Trial Completion**			
Post-Market Surveillance (Pharmacovigilance)	~$9B+ global annual market; up to €20M/year per mid-size pharma; FDA managed 6M reports/year at $37M.	37% repeat rate + 78% primary medical home generates continuous structured real-world safety data.	Replaces passive PV with active monitoring; estimated $2M–$5M+ avoided post-market study costs per product.
Real-World Evidence (RWE) Generation	$1M–$15M+ per therapeutic area for data partnerships and registries; near-zero data quality for uninsured populations.	Every CareStation interaction generates structured data from populations absent from all existing RWE datasets.	Eliminates $1M–$15M+ in per-indication RWE fees; supports label expansion submissions with previously unavailable data
Long-Term Patient Follow-Up & Outcomes Monitoring	CNE visits $200–$500+ per interaction; phone outreach $50–$150/contact; <20% response rates.	Patients return voluntarily (37% repeat rate); chronic disease management generates outcomes data across years.	80%+ reduction in per-contact follow-up cost; higher completion rates; multi-year outcomes data at marginal cost.
Bucket 4: **Commercial Line of Business**			
Patient Support Programs (PSPs) & Hub Services	~$5B annually industry-wide; $3M–$30M per brand/year; 4–12% of brand revenue; 100 PSPs avg per company.	Physical PSP delivery at point of care in the community; benefits nav, nursing, co-pay support in person.	Reduces hub vendor spend 20–40% per brand; extends PSP reach to uninsured populations outside current infrastructure.
GLP-1 & Metabolic Disease: Screening, Initiation & Adherence	50%+ discontinue within 12 months; OOP >$1,000/month; 84.6% utilization growth 2023–2024	Screens and initiates patients with no prescriber; monitors adherence and side effects through continuous care.	Potential adherence improvement from ~50% to 70%+; captures billions in unrealized revenue from 120M unreached Americans.
Chronic Disease Monitoring & Ongoing Commercial Evaluation	$200–$500+ per FRM/CNE visit; field teams urban-concentrated; commercial monitoring $2M–$10M+ per product annually	Extends monitoring reach to rural/underserved markets; structured outcomes data collected at every visit.	70–80% reduction in cost-per-commercial-interaction; geographic reach without added headcount.