the Grovery
A CREATIVE CONSULTANCY

Patient Day Insights

The Intention–Experience Gap: Pharma CX Conversations

The pharma industry doesn't lack good intentions toward patients. Patient centricity has been a declared priority for the better part of a decade. What it does face, however, is a persistent, well-documented, and increasingly hard-to-ignore gap between what organizations intend to deliver and what patients actually receive.

Patient-focused conversations from Day 2 of the 2026 PanAgora Pharma CX Summit made that gap specific.

Disconnected Understanding and the Two Faces of the Gap

When patient experience breaks down, fault usually lands on how well the patient was understood or where competing internal initiatives missed the mark.

Human and operational understanding are inseparable. And when they're misaligned, they tend to share the same root: the patient's actual lived experience is not the organizing principle around behind decisions.

For example, claims data and market research can produce a useful archetype. They cannot produce a felt understanding of what it's like to receive a difficult diagnosis, navigate insurance for the first time, or lie awake trying to work out what a treatment means for your life.

Leaders across the conference described the shift from knowing about patients to genuinely understanding them as a turning point.

Organizations that get there don't add content to smooth out bumps. They build systems that remove friction.

The Moments That Belong to No One

The moments that most shape a patient's experience are often the ones no function owns and no system tracks. The space between appointments when questions accumulate, the first injection when training materials never made it out of the office drawer, post-discharge confusion.

These are not edge cases. They are routine features of the patient experience that standard journey maps don't capture, and no one has been given the mandate to address. Organizations beginning to build solutions for these moments describe it as a strategic design decision more than a technology initiative. It is something we need to begin treating as our responsibility.

Change That Doesn't Stick—and Why

The recurring failure in pharma change initiatives is not ambition. It's adoption. And it usually starts with a room that felt aligned but wasn't.

The costliest trap is false harmony: everyone nodding, the energy feeling good, and nothing moving. Agreement is words. Alignment is stakes. Catching that gap early matters. An initiative that loses support after significant investment is far more damaging than one that fails early under skeptical scrutiny.

On skeptics: vocal doubters surface concerns the quietly uncertain majority will never voice out loud. Winning one over, or genuinely engaging with what they're worried about, has a multiplier effect that winning an easy ally never will. Sometimes the skeptic is right and the initiative improves. Sometimes they become the most credible advocate in the room.

The Measurement Problem Is the Strategy Problem

Enrollment numbers and touch frequency aren't wrong metrics—they're incomplete. They measure activity, not whether a patient felt equipped to start therapy or whether their highest-risk dropout moment was identified and addressed.

The language that moves this argument internally isn't CX language—It's financial. The cost of non-adherence, the revenue lost when a patient discontinues in the first ninety days. CX transformation that doesn't reach compensation and performance management won't survive long enough to matter.

The AI Opportunity Is Real—and Conditional

AI's capabilities are genuine: identifying patients at risk of dropout, delivering content tailored to where someone is in their journey, and being present in moments that currently belong to no one.

But leaders who have deployed AI at scale are consistent about what determines whether it produces real patient value or just faster noise. Personalization only reaches the granularity of its inputs. Organizations that have invested in strong content taxonomy see relevance. Those that haven't see the engine serve whatever is available.

With only a small minority of patients currently trusting pharma, the question is whether an organization has built the presence that earns AI a place in the patient relationship. When genuine patient understanding is the input, relevance at scale is the output. When generic assumptions are the input, the result is just generic content—produced faster and in more formats.

What It Adds Up To

Somewhere in the gap between a well-funded patient support program and the person who almost didn't start therapy because the enrollment process defeated them, something went wrong. The tools to do better exist. But the leaders making genuine progress share a starting point that has nothing to do with technology. They got close enough to patients to understand the experience.

That shared understanding is what makes everything else work. Without it, new tools can't close the gap effectively—they only risk filling it with more complexity.

Close the Gap Between What You Do and What Patients Need

If you're committed to patient-first experiences but still seeing drop-off, confusion, or missed opportunities, your teams may not be fully aligned around the moments that matter.

The Grovery works with teams early to build a shared, lived understanding of patients—grounded not only in data, but in the moments that shape decisions, adherence, and trust. Then we turn that understanding into clear strategy and practical tools that drive measurable change.

Because when everyone is aligned on what patients truly experience, you can stop adding complexity and start removing friction where it counts.

Let's build for the moments that matter

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