Areti Health

CASE STUDY — PATIENT ENGAGEMENT

When Depression-Study Patients Reply at 2 A.M., a Closed Site Loses Them.

How a large multi-site research network in the Southwestern U.S. used Areti's AI Coordinator to engage hard-to-reach MDD patients around the clock, feed five studies from one outreach effort, and screen out ineligible patients before staff ever picked up the phone.

CONCURRENT STUDIES

5

MDD protocols fed from a single round-the-clock outreach effort.

~20 SITES · 180+ LOCATIONS

THE SITUATION

The hardest part of enrolling major depressive disorder studies isn't finding patients — it's catching them when they're willing to answer. MDD patients are notoriously difficult to reach, and they often surface at the worst possible times for a research site: late at night when insomnia has them awake, on weekends, on holidays, in the hours when the engagement center is dark and no one is there to respond.

A network running five MDD studies at once across the Southwestern U.S., spanning roughly 20 research sites and more than 180 satellite locations, felt this acutely. Its outreach leaned on a mix of social media advertising and existing patient records, both of which demanded multiple touches over several days to draw a response. A form fill that came in at eleven at night and sat untouched until the next morning was frequently a patient already gone, and that lag — multiplied across thousands of leads and five protocols — left the network's enrollment running well below where it needed to be.

AI COORDINATOR

A responder that never closes.

Always on · 22 languages · 24/7

THE APPROACH

Areti's AI Coordinator gave the network something a staffed center structurally can't: **a responder that never closes.** Every social media form fill was met the moment it came in, and existing records were worked through a multi-touch cadence spread deliberately across different times of day and different days of the week — patients commonly engaged somewhere between the first and fifth attempt, at any hour, weekends and holidays included.

Rather than committing a patient to a single protocol at the point of contact, Areti engaged and pre-screened broadly and booked the screening visit, leaving the network to place each patient into the specific study that fit best once they arrived. Behind that, the AI Coordinator handled routine questions and ran the prescreener automatically, so site staff spent their time on the patients and questions that genuinely needed a human.

The Results

Over a **three-month engagement window**, across thousands of leads and five protocols.

34%
Of leads responded to the round-the-clock, multi-touch outreach

58%
Of qualified patients completed the prescreener and booked a visit

52%
Ineligible patients screened out before reaching a human

300+ hrs
Coordinator time saved on manual prescreening

1–5
Attempts before patients typically engaged — at any hour

24/7
Response coverage — weekends and holidays included

Throughout, patients engaged on their own terms — first attempt or fifth, midnight or midday — and **the network captured interest it had been losing** to the gap between a patient's odd-hour outreach and a site's business-hour reply.

WHY IT WORKED

Depression doesn't keep office hours, and for this population the window between a patient reaching out and a site responding is often the whole difference between an enrolled participant and a lost one. Areti closed that window by being present in the moment a patient chose to engage, then sustained the contact across the several touches MDD patients typically need before they commit. Running one engagement layer across five studies compounded the effect: no qualified patient was wasted on a single protocol's narrow fit, because the study assignment came later, at screening, once the network could see the whole picture.

For sponsors and CROs placing hard-to-enroll CNS studies, the lesson is that **responsiveness is a clinical-operations asset** — the sites that win these therapeutic areas are the ones that can answer a patient at the hour the patient is actually ready to talk.

This approach works when:

- Outreach lands at odd hours and a staffed center can't respond in the moment.
- A hard-to-reach population needs multiple touches across days and times.
- Several studies run at once and patients shouldn't be locked to one protocol too early.
- Prescreening volume is eating coordinator time that should go to patients.

ABOUT ARETI

An AI Coordinator for clinical trials.

Areti Health provides an AI-powered platform that automates and streamlines patient engagement workflows in clinical research. Our AI Coordinator mines electronic medical records, conducts mass outreach, engages and pre-qualifies patients, and schedules follow-up visits autonomously — **compressing multi-month enrollment phases into weeks.**

Areti Health

Paul Neyman, CEO | | www.aretisolutions.com

SOC 2 Type II · HIPAA · 21 CFR Part 11 · Advarra · Univo IRB · Vanta