Areti Health

CASE STUDY — PATIENT ENGAGEMENT

Filling an Alzheimer's Study from a 79,000-Patient EMR Without Saturating the Site.

How a Southeast U.S. research site network used Areti's AI Coordinator to engage a hard-to-enroll population, schedule 55 visits in three days, and pause outreach because the site couldn't keep up.

EMR POOL

79,000+

Patient EMR records, combined across network PI panels.

SOURCE OF COHORT

THE SITUATION

A research site network in the Southeast U.S. was enrolling for an early Alzheimer's study evaluating an experimental drug intended to slow memory and cognitive decline against placebo. The network had no shortage of candidates. Its principal investigators sit on a combined EMR pool of more than 79,000 patient records. The problem was getting from that pool to scheduled visits inside the protocol's timeline.

Alzheimer's is one of the harder therapeutic areas to enroll. Patients and caregivers need multiple touchpoints before they engage, and the network's outreach ran on phone calls and emails handled by site staff. Manual workflows couldn't move at the speed the protocol demanded, and the candidate pool was too diverse, both geographically and ethnically, to engage every patient at the right moment with a human-only process. The network needed a way to qualify and engage tens of thousands of records and convert them into scheduled visits without adding coordinators.

> ***Revolutionary to the industry. Game-changing to my operations.***
>
> — CEO, Southeast U.S. research site network

THE APPROACH

The network deployed Areti's AI Coordinator as the engagement, qualification, and scheduling layer in front of the site team, integrated with the network's EMR mining partner to filter more than 79,000 records to roughly **9,000 potentially eligible patients**.

From there, Areti took over. The AI Coordinator ran outreach across text and email in batches matched to site capacity, with cadences set at multiple times of day and across different days of the week — built specifically for a population that needs more than one nudge to respond. Patients and caregivers got immediate answers to their questions, walked through eligibility, and scheduled themselves directly onto the site's calendar without waiting on a coordinator callback.

The result was a workflow where qualified, engaged patients reached the site already scheduled, and the site team focused its time on the visit, not the chase.

The Results.

From an initial outreach batch of **500 patients** over three days.

19%
Of patients responded to outreach

69%
Of responders were eligible

55
Screening visits scheduled

44
Of those visits booked in the first 48 hours

48 hrs
To book the majority of scheduled visits

3 days
Total timeframe for the initial outreach batch

For a therapeutic area where coordinators typically chase patients for weeks, that's a meaningful inversion of the usual problem. Patients reported a better experience as well. They got timely information, could self-schedule and reschedule on their own, and didn't have to wait on a return phone call to keep the process moving. Site staff handled higher patient volumes without the bottlenecks of human-dependent outreach.

The network asked Areti to slow outreach because the site was at capacity — a problem most sites running Alzheimer's studies have never had to solve.

WHY IT WORKED

The network didn't have a candidate problem. It had a throughput problem. Sites running studies in Alzheimer's and other hard-to-enroll therapeutic areas routinely sit on enormous patient pools they can't work fast enough, and the cost of slow outreach is the patients who disengage between the first call attempt and the third.

Areti's AI Coordinator collapsed that gap by qualifying, engaging, and scheduling in parallel rather than sequentially, and by running cadences calibrated to a population that needs persistence to convert. The takeaway for sponsors and CROs running studies in difficult therapeutic areas: **enrollment speed is a workflow problem, not a volume problem.** Closing the gap between an eligible patient and a scheduled visit is where studies are won or lost.

This approach works when:

- The candidate pool exists but can't be worked fast enough.
- A hard-to-enroll population needs persistence and multi-touch cadences.
- Coordinators can't scale outreach without adding headcount.
- The gap between eligible patient and scheduled visit is where patients disengage.

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. **200+ studies supported.**

Areti Health
pneyman@aretihealth.com
www.aretihealth.com

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