

The On-Demand Client & the Compliance Gap

How AI communication can improve patient outcomes

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THE IDEA

The diagnosis is made in the clinic. The medicine happens in the *follow-through* — and reaching people is the part that was never built.

THE STORY · SMALLPOX, 1796-1980

The smallpox vaccine was introduced in 1796. Smallpox was eradicated in 1980 — not with a better vaccine. From 1967 the campaign switched from mass vaccination to finding every case, house to house; the last natural case was in 1977. The programme cost about \$300 million and has saved more than \$1 billion every year since. The delivery was worth more than the medicine.

Stanford behavioral scientist BJ Fogg's model explains why: a behavior happens only when motivation, ability and a prompt arrive at the same moment. Everyone wanted to avoid smallpox (motivation); the vaccine was the ability; the volunteer at the door was the prompt. In veterinary medicine the prompt is the part that keeps going missing.

THE NUMBERS

50%

People on a long-term medication who don't take it as prescribed — “a massive worldwide problem.”

WHO ADHERENCE REPORT, 2003

2.1×

The odds of taking it with text-message reminders: adherence rose from 50% to 68% across 16 randomized trials.

THAKKAR ET AL., JAMA INTERN MED 2016

$\frac{2}{3}$

Dogs on no heartworm preventive at all — 39 years after a once-a-month pill made the disease almost 100% preventable.

MWACALIMBA ET AL., 2023, 2026

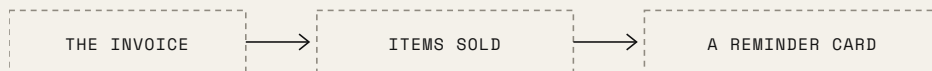
35%

Inbound calls that went unanswered in one week at a multi-doctor practice before AI — about 280 missed calls.

PUPPILOT DATA

THE MODEL · WHY THE LIST NEVER EXISTED, AND WHAT CHANGED

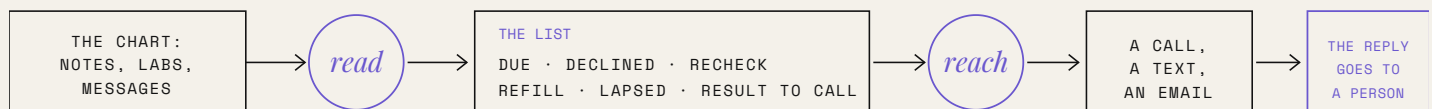
THE OLD PATH · WHAT PRACTICE SOFTWARE COULD DO



Six doses sold in March → a card in September.

“Recheck ears in two weeks” never becomes a reminder: the system can't read the note.

THE NEW PATH · AI READS THE CHART, THEN REACHES THE CLIENT



A practice that can't return the calls that came in won't start making the ones that didn't — and even with the time, the list never existed. Practice software was built for billing, not medicine: the clinical notes are free text it can't act on. Language models now read those notes with 97% sensitivity against human review, so the list can finally be built from the chart, not the invoice.

QUESTIONS FOR YOUR PRACTICE

- How many follow-ups did your practice intend to make last week — and how many happened?
- Do you measure compliance by doses given, or by reminders sent?
- What's in your charts right now that your reminder system can't see?

The medicine was never the bottleneck. *Reaching people was.*

SOURCES — WHO AND CDC HISTORIES OF SMALLPOX; WHO (2020) · FOGG, PERSUASIVE '09 · WHO, ADHERENCE TO LONG-TERM THERAPIES (2003) · THAKKAR ET AL., JAMA INTERNAL MEDICINE 2016 · AMERICAN HEARTWORM SOCIETY · MWACALIMBA ET AL., PARASITES & VECTORS 2023 AND 2026 · LUSTGARTEN ET AL., JAMIA OPEN 2020 · KYNETEC 2026 · WULCAN ET AL., FRONTIERS IN VETERINARY SCIENCE 2024 · PUPPILOT DATA (ONE MULTI-DOCTOR PRACTICE, FIVE WEEKDAYS). EVERY FIGURE IN THE SESSION HAS A PUBLISHED SOURCE, NAMED ON THE SLIDE.