

Removing Barriers for Treatment Centers to Deliver Advanced Therapies

How Technology Supports Treatment-Center Operations in Cell and Gene Therapy

The Activation Gap: Where Patient Access Stalls

The promise of cell and gene therapies (CGT) is transforming medicine, but for the authorized treatment centers (ATCs) tasked with delivering these therapies, the operational reality is one of overwhelming complexity. The result shows up in the numbers: in a 2025 survey of 126 US oncologists, 61% reported that patients referred for CGT often or very often fail to receive it, with treatment-center capacity cited as a leading reason in 29% of cases¹. Workforce shortages and reimbursement constraints compound the problem, with 46% of surveyed physicians citing insufficiently trained clinicians as a significant barrier, and 59% pointing to financial and reimbursement concerns.

Picture a treatment center coordinator with a patient who is newly approved for treatment with CAR-T. The coordinator must log in to three separate manufacturer portals, each with its own login and way of tracking a slot request. At the same time, a fax machine produces an insurance authorization that will need to be re-keyed into the EHR by hand. Meanwhile, the patient's family calls for the second time that day, asking when treatment will actually start.

Now multiply this by a dozen active cases across several therapies: this is the daily reality inside an ATC delivering CGTs to patients.

Delivering these therapies requires more than just clinical expertise. It demands a synchronization of logistics, finance, and data that traditional hospital systems were never designed to handle². Based on insights from multiple market research studies,

purpose-built technology can help remove barriers, enabling treatment centers to activate faster and deliver care efficiently.

Where Bottlenecks Occur: Limits of Traditional Models

For a treatment center, operations are a continuous state of readiness involving staff training, financial contracting, and logistical coordination. As CGT indications expand into broader patient populations, treatment centers face a growing volume of cases, and a site managing products from multiple manufacturers must navigate each one's processes in a separate system of record.

Within the treatment journey, fragmentation shows up most starkly in the manual "white space" between manufacturer, hub, and treatment center. Care administrators describe obtaining a completed enrollment form as an administrative nightmare: chasing down patient details, managing paper faxes, and losing time in the process. For a patient who is already sick and in need of treatment, that delay isn't just administrative overhead. It's time they don't have. Reimbursement compounds the friction: under buy-and-bill models, treatment centers front the cost of high-priced therapies and wait weeks or months for payer reimbursement, a financial stacking effect that grows more unsustainable as therapy portfolios expand.³

What treatment centers need is not another portal to add to the pile, but a system that can unify activation tracking and logistics coordination — replacing fragmented, manual handoffs with one coordinated source of truth.

Technology as an Enabler: Purpose-Built Platforms

To close these operational gaps, McKesson's InspiroGene team built [InspiroCare](#), a platform designed to **help treatment centers streamline the patient journey**.

Typically, a single onboarding could take weeks; a single patient case could take days of back-and-forth. Critical information lives in silos, and every handoff between manufacturer, hub, and treatment center introduces room for delay or error.

“Patients approved for treatment with cell and gene therapies need rapid, coordinated action across multiple systems and stakeholders, yet treatment centers face fragmented workflows and manual coordination that can delay the start of care,” said Joe DePinto, Head of Cell, Gene, and Advanced Therapies, McKesson. “We built InspiroCare to simplify that complexity, streamlining operations across the entire ecosystem so treatment centers can move faster and patients can begin their therapy without unnecessary delays.”

InspiroCare replaces that patchwork with a single coordinated workflow. Patient enrollment, once a days-long cycle of printed forms and faxed confirmations, becomes a digital process that compresses timelines. Travel and lodging coordination, previously a scramble of phone calls and emails, is built directly into the workflow. The InspiroCare team helps centers navigate manufacturer-specific reimbursement rules and recover revenue they might otherwise miss.

Looking Ahead: The Impact on Therapy Delivery

When digital solutions **effectively support the treatment center**, the impact shows up where it matters most: in how quickly and reliably a patient can begin treatment. InspiroCare's automated workflows are designed to reduce the risk of human error in complex protocols, and its integrated technology helps logistics, funding, and clinical schedules align — allowing the center to focus on what matters most: the patient.

This technology will only become more critical as the CGT market matures. As manufacturers launch multiple products across new therapeutic areas, the current siloed approach will become untenable. The centers that can operate efficiently across an expanding portfolio, not just a single therapy, will be the ones best positioned to keep pace with the science and give more patients the opportunity for treatment.

References

- 1- Simmons GL, DePinto J, Pittos EC. Real-World Barriers and Opportunities for Cell and Gene Therapy: An Analysis of US Hematologist and Oncologist Insights on CGAT Readiness and Access. Poster #27915, presented at the 2026 Tandem Meetings (ASTCT/CIBMTR), February 4–7, 2026, Salt Lake City, UT.
<https://inspirogene.com/wp-content/uploads/2026/02/RealWorldBarriersAndOpportunities.pdf>
- 2- Simmons GL, Cross S, Pittos EC. Advancing access to CAR T-cell therapy: insights and real-world experience from a community oncology practice. *Frontiers in Oncology*. 2026;16:1712533.
<https://doi.org/10.3389/fonc.2026.1712533>
- 3- DePinto J. Commercializing Your First CGAT Product: Value Chain Planning. McKesson InspiroGene, 2024.
https://inspirogene.com/wp-content/uploads/2024/09/Article-3_Commercializing-Your-First-CGT-Product_Value-Chain-Planning_Final.pdf

InspiroCare