



EDUCATIONAL RESOURCES

# Is it AI or BPO

Identify automation opportunities, avoid BPO-in-disguise, and deploy AI that actually scales.

 PHARMACY



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**Question:**  
How many of you are already  
implementing AI in your workflows?

**Question:**  
How many of you are considering  
implementing AI in your workflows?

Drop in the chat some of the AI  
use cases you have  
implemented at your practice →

# Who I Am

Dr. Eesha Sharma, CEO



 LamarHealth

 Stanford | MEDICINE

# What We Do

## Fax & eRX Processing

### Manual Data Entry

Create patients,  
charts, orders

## Eligibility Checks & BV

New Patients and  
Scheduled Refills

## Prior Authorization

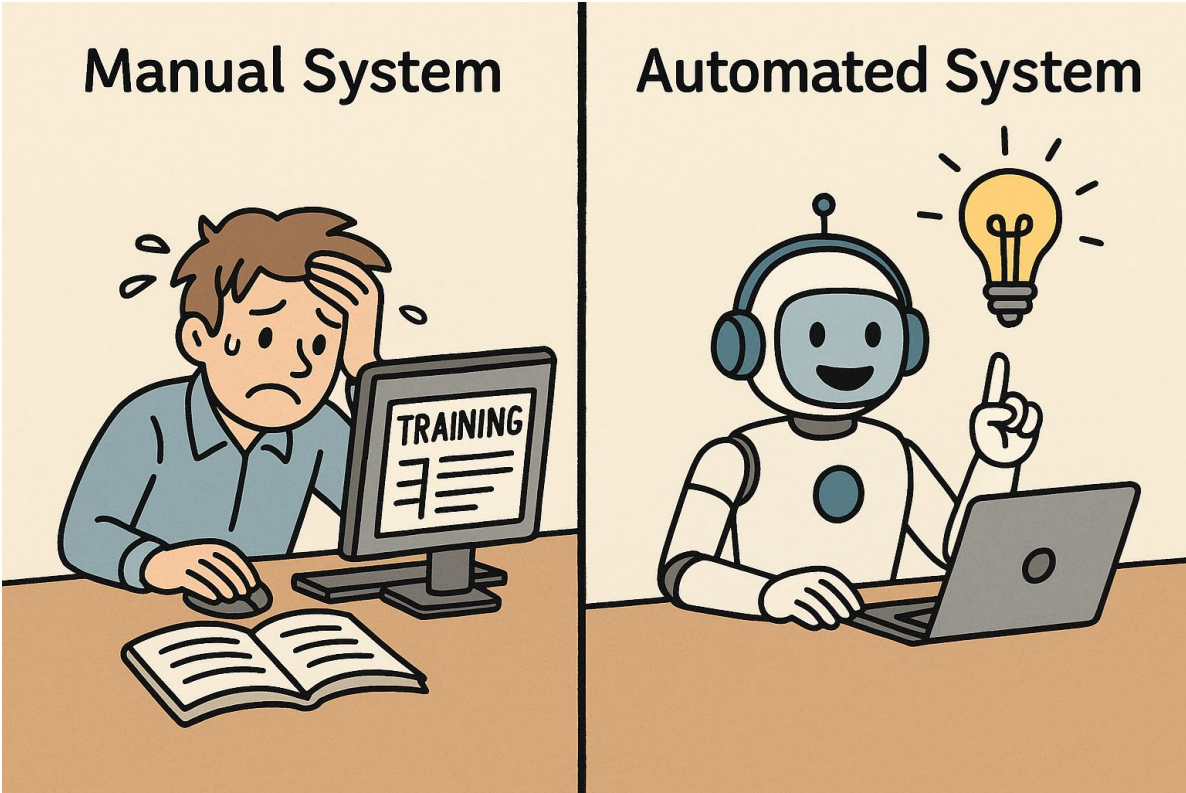
Errors/Missing Data/  
Preferred Drugs

Auto-filling forms

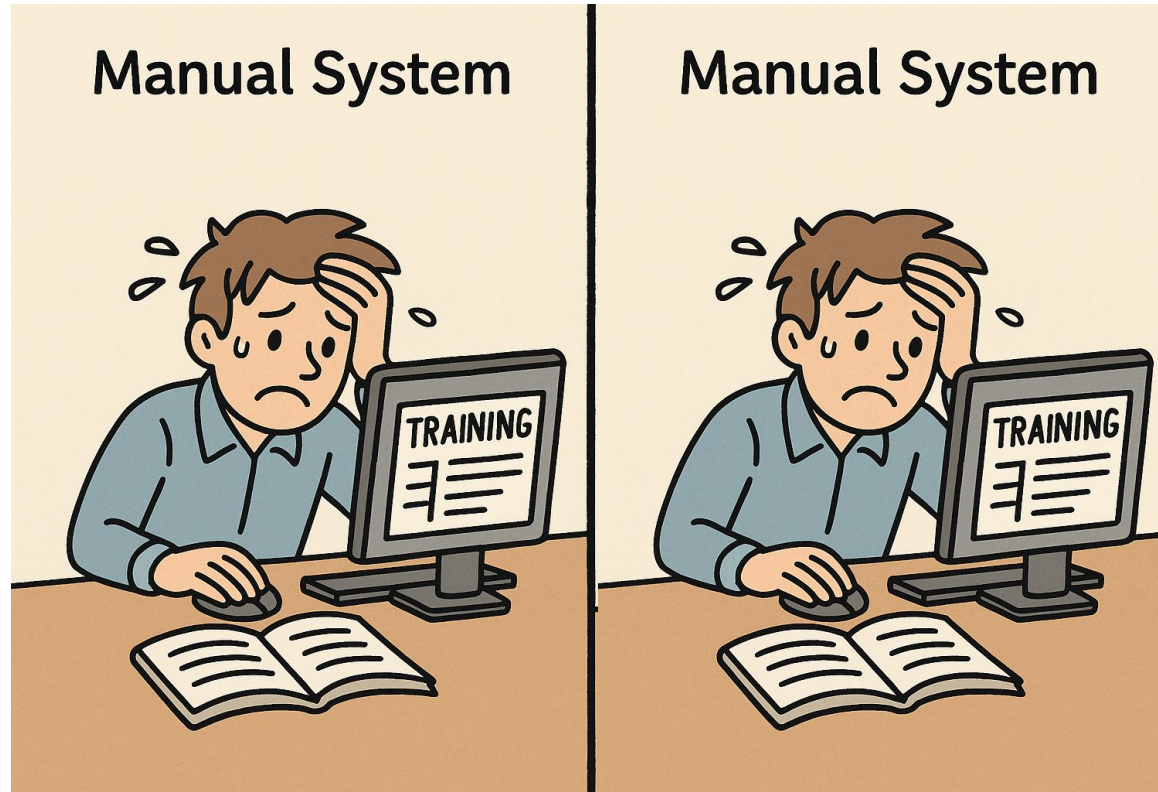
...and we've seen a lot of implementations



# What Pharmacies want to do with AI



# vs what's actually happening...



# Workflow Mapping: Identify Areas of High Opportunity

# ROI is Tied to Time and Labor Costs

Labor costs

Number of staff

Turn over of position

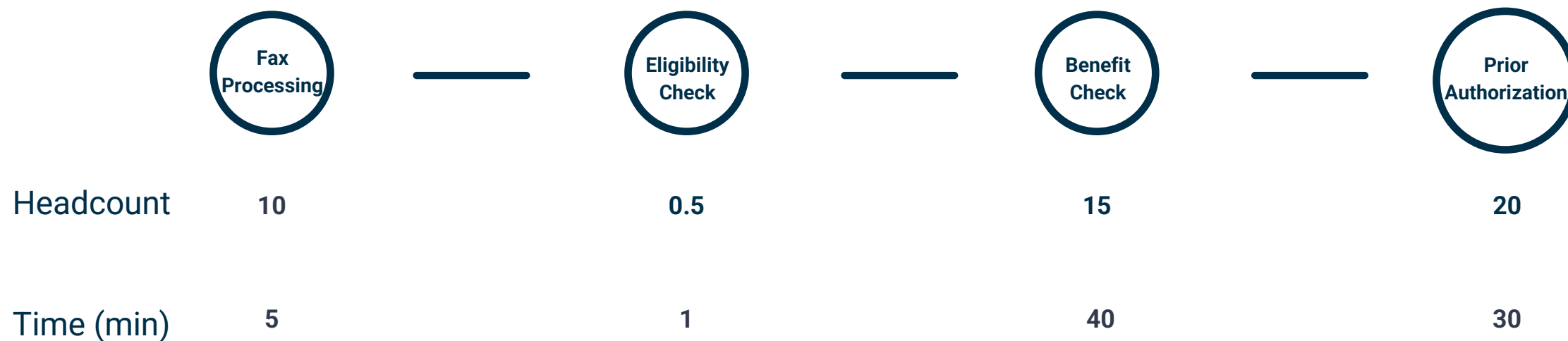
Time per person

Turn around time

What workflows are  
backlogged?

What workflows are  
time consuming?

# Map this in buckets across the workflow



# **Workflow Mapping:** Identify areas of high risk for your team

# Risk is tied to change management and resources for implementation

What is the change management?

**How many teams does this workflow touch?**

**What do handoffs now look like?**

Resources needed for implementation?

**How much time?**

**From whom?**

# Map this in buckets across the workflow

	Fax Processing	Eligibility Check	Benefit Check	Prior Authorization
Headcount	10	0.5	15	20
Time (min)	5	1	40	30
Teams touched (people)	3	1	2	2
Resource (time)	10 hours	3 hour	6 hours	3 hour

# Workflow Mapping: Identify Areas of High Risk for AI

# Risk stems from undocumented or inconsistent business logic

What does it take to train a new person?

**How much time?**

**How many clicks?**

**How many systems or excel sheets?**

How many types of situations are there?

**Document types, payors, drugs, active or inactive patients**

# Risk stems from undocumented or inconsistent business logic

What does it take to train a new person?

**How much time?**

**How many clicks?**

**How many systems or excel sheets?**

What's the variation in situations we see?

**Document types, payors, drugs, active or inactive patients.**

**Are there good historical examples?**

# Map this in buckets across the workflow



# Map this in buckets across the workflow

		—		—		—	
Headcount	10		0.5		15		20
Time (min)	5		1		40		30
Teams touched (people)	3		1		2		2
Resource (time)	10 hours		3 hour		6 hours		3 hour
AI risk	low		low		high		medium

# Leverage vendors to help in mapping AI risk

## **Human in the Loop?**

Is their system set up for someone to review information before it gets fully automated?

## **Locking in implementation risk**

What resources are needed when? The longer and more people the higher the risk

## **ROI calculations**

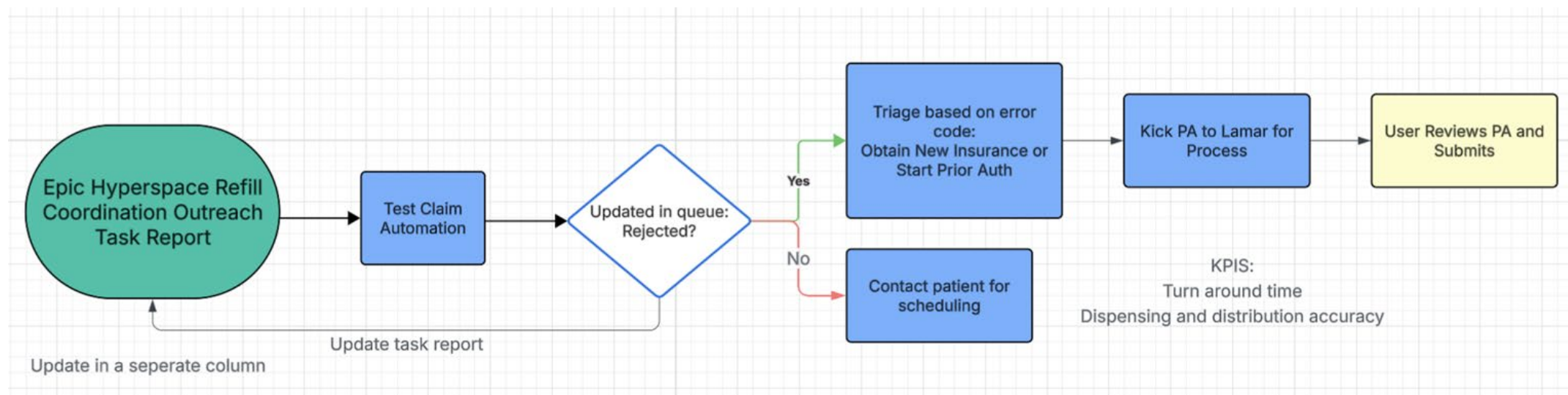
Ask for what type of ROI to expect for different workflows

## **Accuracy**

Ask for metrics on accuracy, number of automations that need no human intervention and impact on turn around time

# Tools to help in workflow mapping

- Lucid
- Figjam
- Excel



How many of you have done  
workflow mapping?

**Workflow mapping:**  
How do you know if an  
implementation is actually working?

# Leverage vendors to help in mapping AI risk

## **FTE time**

- Has this increased, decreased or stayed the same? By how much?

## **Turn around time for workflow**

- Consider backlog times
- Consider throughput per hour per person
- Consider absolute numbers

## **How many require no edits by user?**

- Are we ready to move to full automation with an exception queue?
- What number would need to be there for us to feel comfortable?
- What is the human error rate on this workflow and are we over or under?

# One Extra Consideration: Competitive Advantage



# What is the competitive advantage for you?

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AI risk	low		low		high		medium
Competitive advantage?	low		low		high		high

# Sales Enablement Considerations:

## Order status

**Quickly find where a patient is in the journey**

## Nudge providers

**Analytics on time to fill.**

**Alerts on documents needing follow up.**

## Where to focus

**Analytics on where you're getting your highest ROI referrals.**

# Patient and Provider Experiences:

## Friction points

- Are there automations/tools that can help reduce friction on prior auths?
- Are there tools to keep patients in the loop?
- What should communications look like?

## Data to drive decisions

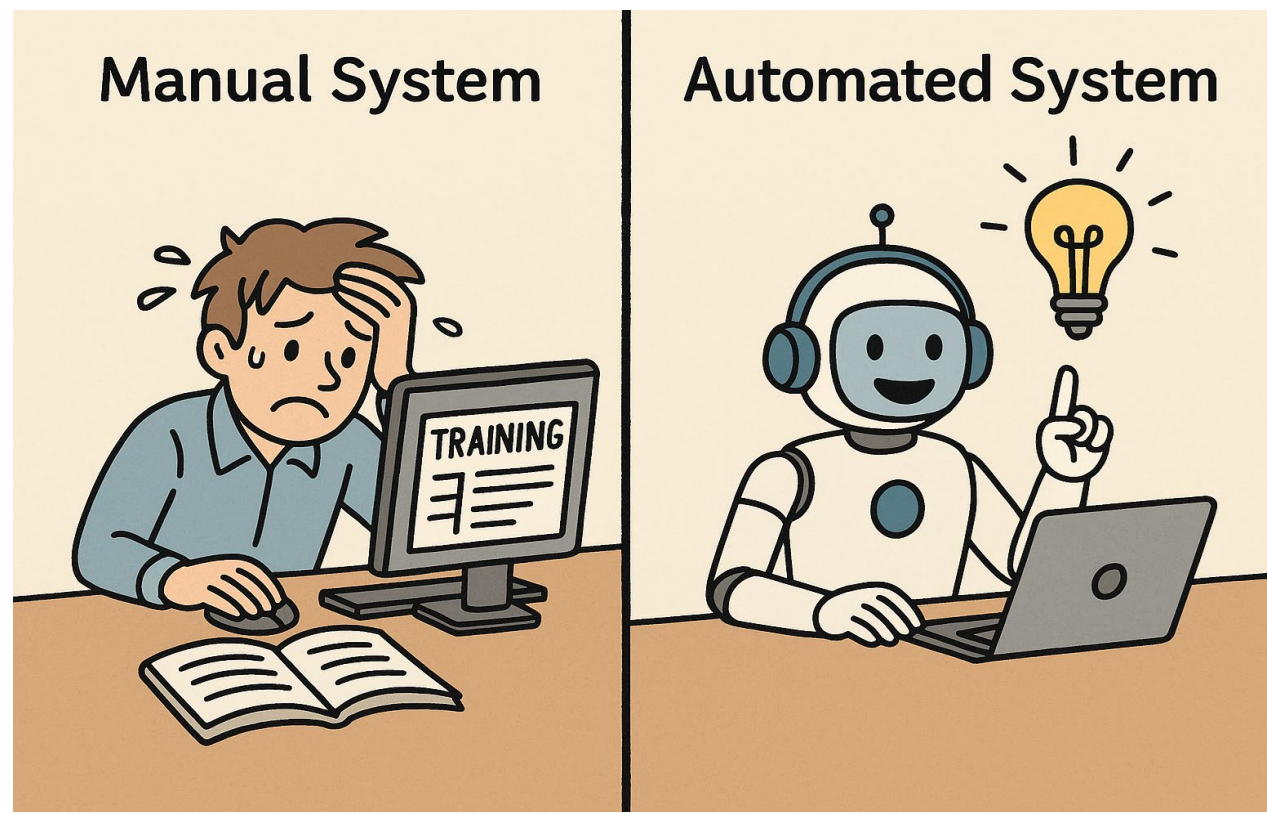
- Are there particular patient and provider specialties we should be focused on?

## Connectivity and data

- Are there integrations or data that can help us stand out in completing these workflows and provide higher approvals on PAs, faster time to fill?

# Takeaways:

# The Goal

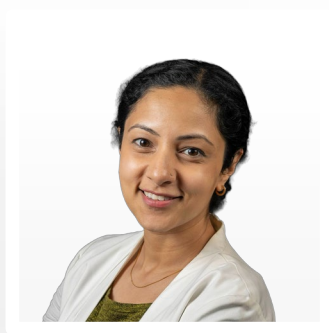


# How you can get there

	Fax Processing	Eligibility Check	Benefit Check	Prior Authorization
Headcount	10	0.5	15	20
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# How to reach me

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# Thank you

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