When You Can't Hire, Automate: AI powered IVR system to the Rescue

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DISCLOSURE STATEMENT

- Brenda and Logan have no relevant financial relationship(s) with ineligible companies to disclose.

and

- None of the planners for this activity have relevant financial relationships with ineligible companies to disclose.

LEARNING OBJECTIVES

At the completion of this activity, the participant will be able to:

- Identify key operational challenges caused by technician shortages and recognize opportunities where AI IVR can improve efficiency and service delivery
- Evaluate how AI-powered IVR systems can automate routine tasks, triage requests, and optimize limited workforce resources
- Apply practical strategies for implementing AI IVR solutions within their organization to enhance scalability, reduce workload, and maintain service quality

Family Health Services of Darke County

Located in Rural Southwest Ohio

6 Site locations

Established in 1973 to serve the migrant population

Services – Primary Care, Behavioral Health, Psychiatry, School Based Care, Dental, Eyecare, Medication Assistance Treatment, Patient Assistance, Entity owned and Contract Pharmacy, Clinical Pharmacy, Specialty Pharmacy, Needle Xchange Clinic, Walk-in Care Clinic, WIC, Home Care

Patients seen in 2024-27,486 UDS

265 Employees

Meet Alex

- **Alex isn't a pharmacist. Alex isn't a technician.**
- Alex is an AI-powered virtual team member that helps Family Health Pharmacy manage:
  - Routine patient communication
  - Refill requests
  - Prescription status inquiries
  - Pharmacy workflow support
- This allows pharmacy staff to spend more time focused on patient care.

Why Virtual Assistance Matters: The Technician Shortage

Pharmacy teams are being asked to do more with less

- Endless incoming phone calls that disrupt workflow
  - Refill request
  - You called me?
  - Prescription status questions

- Outbound Calls
  - Pickup reminders / 14-day return notice
  - Out of stock
  - Prior Authorization required
  - MTM

- AI IVR can provide an additional layer of support. Think of Alex as an extra set of hands that can handle routine work while technicians focus on the patients and tasks that require a human.

June 2026: One Month of Impact via call or text per patient preference

- **Total Patient Interactions Managed**
  - 15,557 interactions
- **Managed by Alex**
  - 9,958 interactions
  - 64% automated resolution
    - 81.19% via call
    - 18.38% via text
- **Transferred to Pharmacy Staff**
  - 5,599 interactions
  - 36% of total volume
  - Nearly two-thirds of interactions resolved without staff
  - 14.30% Connected directly to pharmacy

Automated Patient Notifications

- **9,428 total notifications delivered**
  - Ready for Pickup: 3,870
  - Refill Reminders: 2,686
  - Pickup Reminders: 1,294
  - Out for Delivery: 167
  - Return-to-Stock Reminders: 142
- **Additional results**
  - 1,798 refill requests initiated through Engage
  - 4,654 new fills generated
- Excludes MedSync and specialty medications due to software vendor regulations, not technological limitations.

Improving Medication Adherence

- **Refill Reminder Performance**
  - 5,905 refill reminders delivered
  - 3,846 prescriptions refilled within 14 days
  - 65.1% refill conversion rate
- **Why It Matters**
  - Improve medication adherence
  - Reduce missed doses
  - Decrease manual refill reminder calls

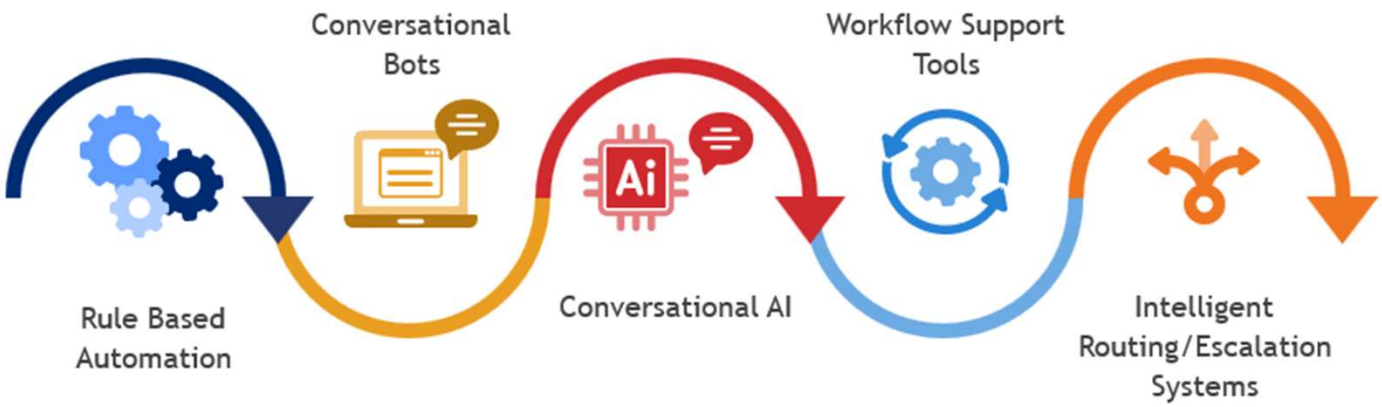
Questions Teams Should Ask Before Adoption

Prior to adoption make sure you clearly understand:

- What problem is this solving?
- Where does it fit in the workflow?
- When does it escalate to a human?
- How is documentation handled?
- Who is accountable for oversight?
- Does it support patient-preferred communication channels?
- How does it serve older adults and mobile-first patients?
- Will staff trust and use it?
- What happens when it fails?

Not All AI Tools Are the Same

AI Is often used too broadly - Different tools do different things - Trouble Happens when we assume all tools are equivalent.



What Makes AI Different?

Traditional IVR

- Routes calls
- Menu driven
- Limited automation
- Transfers most calls
- Staff dependent

Conversational AI

- Resolves requests
- Natural conversation
- Handles refill requests
- Answers questions automatically
- Staff assist only when needed

The Real Goal: Support, Not Replacement

What Should Stay Human-centered

- Clinical judgment
- Empathy and reassurance
- Patient education
- Escalation and exception handling
- Oversight and accountability

What Technology Can Help Reduce

- Repetitive status updates
- Manual follow-up burden
- Workflow friction
- Communication delays
- Administrative overload

AI Doesn't Replace People

- **The real value of AI**
  - AI removes repetitive administrative work
  - Pharmacy professionals focus on higher-value patient care

- **Where the time goes instead**
  - Patient counseling
  - Clinical services
  - Immunizations
  - Medication Therapy Management (MTM)
  - Complex patient needs
  - Building patient relationships

One Month of Results

- **Alex helped Family Health Pharmacy**
  - Manage 15,557 patient interactions
  - Automate 9,958 interactions
  - Deliver 9,428 patient notifications
  - Generate 1,798 refill requests
  - Support 4,654 new fills

How to ensure the process goes as smoothly as possible: Get excited !

- Education of staff and staff buy in
  - Staff is in control of taking the time to promote, ask for feedback and education the patients on the value of "Alex". No negative Nancy's tolerated.
  - Be honest: it will take time to teach your new employee.
- Education of patients
  - Minimally month ahead of implementation.
    - Signage
    - Bag stuffers
    - Start talking directly to patients that help is coming
    - Promote text option: more efficient
    - Social media post: videos
- Choose the right partner
  - True interactive AI not just a Bot
  - Responsive Support for improvements and issues
  - Marketing strategy and materials
  - Scheduled meetings to provide updates and data analysis of success of initiative

Key Takeaways

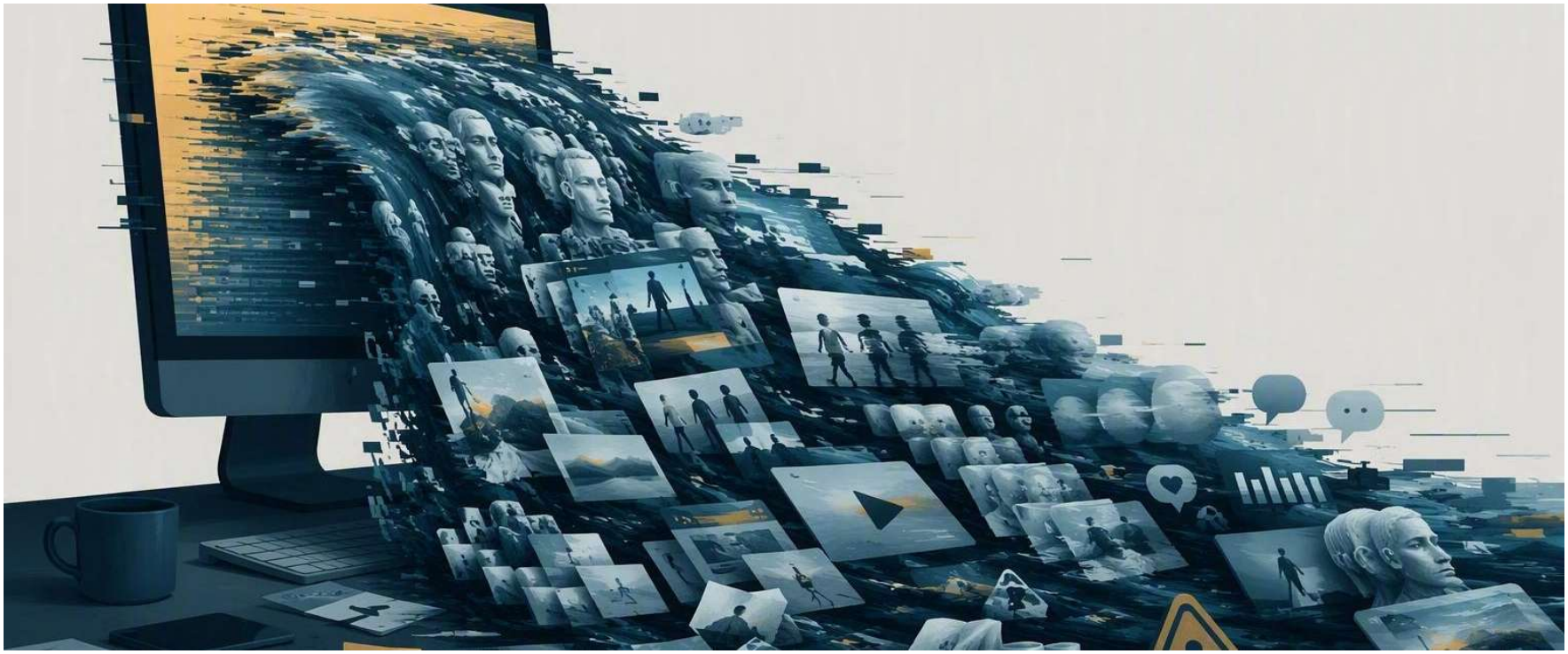
- **AI enables pharmacies to**
  - Increase operational efficiency
  - Improve patient engagement
  - Support medication adherence
  - Reduce administrative burden
  - Allow pharmacists to practice at the top of their license
- **The Goal**
  - More time for patient care.
  - Less time spent on repetitive tasks.

Closing

AI doesn’t replace pharmacy staff—it removes repetitive tasks so pharmacists and technicians can spend more time caring for patients. In June 2026, Family Health Pharmacy’s virtual technician, Alex, handled nearly 10,000 patient interactions, delivered more than 9,400 patient notifications, and helped generate 1,798 refill requests while keeping pharmacy staff focused on the work only humans can do.

340B & AI: Other Opportunities & Cautions

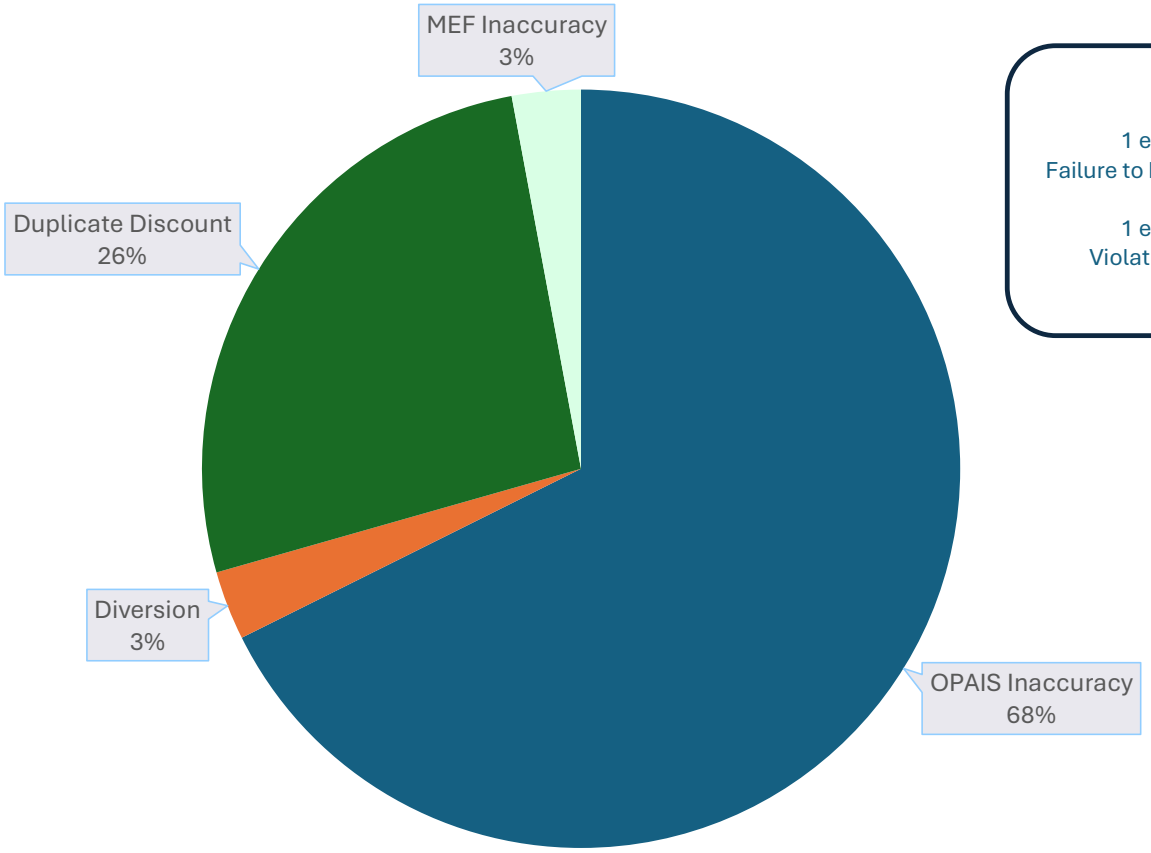
Beware: AI Slop



General Opportunities

- Time Efficiencies
  - Email Summaries & Drafting
  - Meeting Notes
  - Using AI to Assist with Creating Excel Formulas
- Advocacy
  - Summarizing and comparing legislation, litigation, and regulation
  - Notification of introduced legislation
- Comparing different versions of the same documents to identify differences (i.e. P&Ps)

FY 2023 HRSA Audit Findings



Also:

1 entity had a finding of
Failure to Maintain Auditable Records

1 entity had a finding of
Violating the GPO Prohibition

Example: OPAIS Verification

Prompt:

Compare the sites listed in the attached document for Hopewell Health Centers to OPAIS. The grant number is H80CS00193 which you can use to find the correct sites on OPAIS. Ensure the name, subdivision name, the site ID, and the address on OPAIS match the attached EHB Form 5B. Please report any discrepancies in a chart. The first column should list the 340B ID of the site.

Clarifying Request:

I cannot complete the comparison to OPAIS from the information currently available. The public OPAIS website is searchable, but the site-level 340B registration details (including the 340B ID, site name, subdivision name, and registered address for every child site) are not available in the document you provided, and I do not have a current OPAIS export for H80CS00193. Please upload an OPAIS Export.

Example: OPAIS Verification

340B ID	EHB Site ID	EHB Form 5B Site Name	OPAIS Entity Sub-Division Name	EHB Form 5B Address	OPAIS Address	Discrepancy
Not found in OPAIS export	BPS-H80-031244	Chillicothe Admin 2	Not found in OPAIS export	77 E Water St STE 202, Chillicothe, OH 45601	Not found in OPAIS export	Site appears on EHB Form 5B as an **Administrative** site, but I did not find a matching OPAIS record by Site ID in the OPAIS export. [5B | PDF], [340B_Cover...809_2 12302 | Excel]
CH05227AK	BPS-H80-036530	Hopewell Health Centers -- Marietta Clinic	Hopewell Health Centers--Marietta Clinic	207 Colegate Dr, Marietta, OH 45750	207 Colegate Dr, Marietta, OH 45750	Minor formatting discrepancy in the site/subdivision name: EHB includes spaces around the double hyphen, while OPAIS does not. Address and Site ID match. [5B | PDF], [340B_Cover...809_2 12302 | Excel]

Example: Board Report

PRESCRIPTIONS SOLD *(New and Refill)*	Jan-24	Feb-24
Entity-Owned 1 340B	1,500	1,200
Entity-Owned 1 Retail	200	150
Total Entity-Owned 1	**1,700**	**1,350**
Entity-Owned 2 340B	1,600	1,400
Entity-Owned 2 Retail	180	175
Total Entity-Owned 2	**1,780**	**1,575**
Total Entity-Owned Prescriptions Sold	**3,480**	**2,925**
Contract Pharmacy	100	90
Contract Pharmacy	80	95
Contract Pharmacy	125	85
Total Contract Pharmacy Prescriptions Sold	**305**	**270**
Total Prescriptions Sold	**3,785**	**3,195**

RETURN TO STOCK %	*Jan-24*	*Feb-24*
Entity-Owned 1	8.4%	8.2%
Entity-Owned 2	7.5%	7.6%
CE Average RTS	**7.9%**	**7.9%**

340B %	Jan-24	Feb-24
Entity-Owned 1	88.2%	88.9%
Entity-Owned 2	89.9%	88.9%
CE Overall 340B	**89.1%**	**88.9%**

ENTITY-OWNED PHARMACY NET SAVINGS	Jan-24	Feb-24
Entity-Owned 1 340B Savings	$ 75,000.00	$ 65,000.00
Entity-Owned 1 Retail Savings	$ 1,500.00	$ 1,200.00
Total Entity-Owned 1 Savings	**$ 76,500.00**	**$ 66,200.00**
Entity-Owned 2 340B Savings	$ 65,000.00	$ 60,000.00
Entity-Owned 2 Retail Savings	$ 2,000.00	$ 1,600.00
Total Entity-Owned 2 Savings	**$ 67,000.00**	**$ 61,600.00**
Entity-Owned Pharmacy Total Savings	**$143,500.00**	**$127,800.00**

Prompt:

Can you make a report for a Board of Directors based on this document? Sample - Pharmacy KPI Dashboard.xlsx

Example: Board Report

Executive Summary

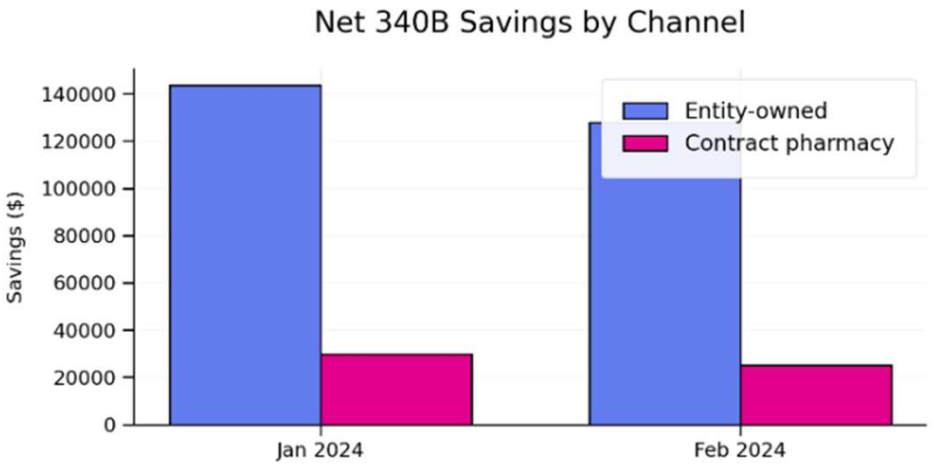
- The dashboard covers January and February 2024. Many later-month columns are blank, so the report uses the dashboard monthly averages and year-to-date totals as presented.
- Total e-prescriptions generated were 9,500, with 6,560 sent to entity-owned or contract pharmacy sites, producing a dashboard average capture rate of 69.0%.
- Total prescriptions sold were 6,980; entity-owned pharmacies represented 6,405 prescriptions and contract pharmacies represented 575 prescriptions.
- Total net savings were $326,300, consisting of $271,300 from entity-owned pharmacies and $55,000 from contract pharmacies.
- The covered entity overall 340B percentage averaged 89.0%; the covered entity average return-to-stock rate averaged 7.9%.

KPI Snapshot

eRx generated	9,500	4,750/month	Baseline demand indicator from EMR report
eRx sent to entity-owned or contract pharmacy	6,560	3,280/month	Used to calculate capture rate
Pharmacy capture rate	N/A	69.0%	Dashboard goal states >60%; calculator goal states >70%
Prescriptions sold	6,980	3,490/month	New and refill prescriptions
Entity-owned prescriptions sold	6,405	3,202.5/month	91.8% of prescriptions sold
Contract pharmacy prescriptions sold	575	287.5/month	8.2% of prescriptions sold
Total net savings	$326,300	$163,150/month	Entity-owned + contract pharmacy savings
Covered entity overall 340B %	N/A	89.0%	From entity-owned pharmacy reports
CE average return-to-stock %	N/A	7.9%	Above calculator goal of <5%

Financial Performance

Net savings were concentrated in entity-owned pharmacy operations. Contract pharmacy savings generated positive value but represented a smaller share of total savings in the sample data.



Entity-owned pharmacy total savings	$271,300	83.1%	$135,650/month
Contract pharmacy 340B savings	$55,000	16.9%	$27,500/mon
Total net savings	$326,300	100.0%	$163,150/mo

Prepared from Sample - Pharmacy KPI Dashboard.xlsx | Source data: January-February 2024

Preparing for a Rebate Model

Prompt:

Use this 2025 340B purchase report to anticipate the impact of the 340B rebate model outlined here (https://www.federalregister.gov/documents/2026/08/03/2026-15633/notice-regarding-340b-rebate-model-pilot-program). Focus on the 2027 impact. The drugs included will be drugs that are active in the Medicare Drug Price Negotiation Program in 2027. You can find the drugs' active dates here (https://www.cms.gov/files/zip/medicare-drug-price-negotiation-selected-drug-list.zip).

Preparing for a Rebate Model

Rank	Drug	Why It Matters
1	Ozempic	Highest apparent negotiated-drug spend and utilization
2	Jardiance	Extremely large discount differential; recurring utilization
3	Eliquis	High chronic-use volume and large 340B savings currently realized upfront
4	Farxiga	Similar to Jardiance; major discount differential
5	Rybelsus	Significant semaglutide exposure
6	Entresto	High dollar value per fill
7	Januvia / Janumet	Lower spend but major change in discount timing
8	Xarelto	Lower observed volume but large discount differential

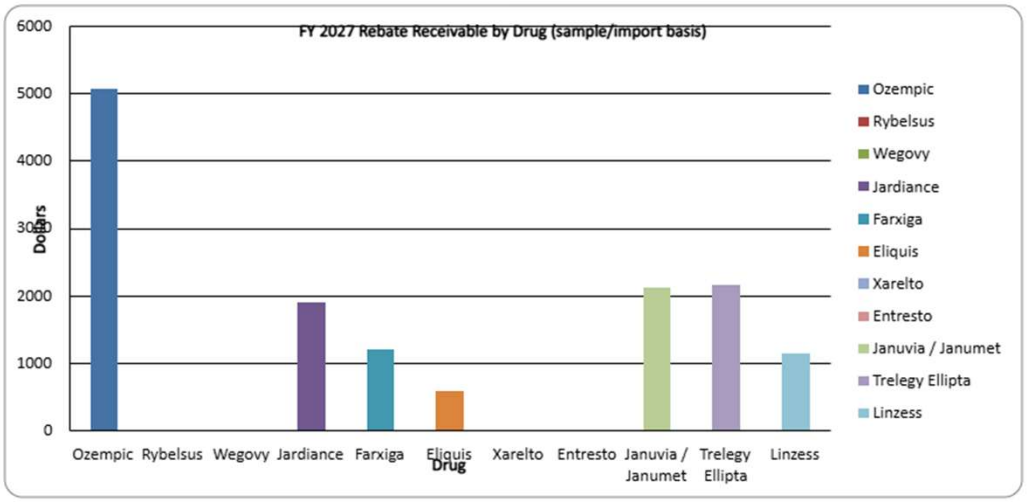
Preparing for a Rebate Model

2027 340B Rebate Model Monthly Cash-Flow Projection by Drug

Purpose	rebate model.
Model basis	recalculation.
Key formula	days.
Primary source	Prices page.

Projected 2027 Cash-Flow Snapshot (based on imported transaction rows)

Metric	FY 2027 Total
Gross Upfront Cash Outlay (WAC proxy)	$17,510
Expected Rebate Receivable	$14,153
Net 340B Invoice Cost	$3,358
Ending Receivable Outstanding	$14,153



Executive Summary | Assumptions | Raw Purchase Import | Drug Map | Monthly Model | Transaction Calculations | Sources & Limitations | Chart Data

Other Ideas to use 340B

- Duplicate Discount Reviews
- Use provider list to identify referral prescriptions for further review
- Compare captured claims to Provider NPI list
- Analyze data from Pharmacy Software, Beacon MFP, & MTF

The Biggest Risks for Covered Entities

Relying on AI to independently evaluate compliance

- Use it to identify patterns, anomalies, and outliers

Sending any Protected Health Information through AI

- "Never Put What You Can't Email to a Stranger Into Public AI"
- Change names or information if you're asking AI a question about PHI

AI can Hallucinate

- Nonexistent citations, invented legal conclusions, etc.
- "Trust but Verify!"

One More Thing

Prompt:

Summarize my week in the style of a comedy roast

🎤 *The Roast of Logan's Week*

Opening Monologue

This week, you personally tried to prove that **one human being can, in fact, be a traveling 340B help desk, a conference speaker, a legal analyst, and a walking caffeine IV**—all while Outlook quietly whispered, *"You have 286 unread emails."*

🗓️ Monday:

You kicked things off strong—three meetings before 10am. At this point, your Outlook calendar isn't a scheduling tool, it's a *hostage situation*. You opened one meeting thinking it was about 340B compliance... turns out it was actually about *another meeting* you needed to attend. Incredible efficiency—meetings about meetings. Peak healthcare.

You also bravely scheduled **"Lunch break"** multiple times.

No one accepted.

Not even you. Lunch break +1

References

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NEED MORE INFORMATION?

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