AI is Here – Considerations for How Your Brand's Patient Support Services Will Be Impacted

Artificial intelligence services have the potential to improve patient access and support services

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Although not a new paradigm, artificial intelligence (AI) technologies are increasingly gaining traction across various sectors of the healthcare industry. During a recent discussion with *Pharmaceutical Commerce*, Ron Lacy, Vice President of Product and Innovation, UBC reacted to the widespread adoption of AI across the industry, specifically as it relates to the utilization of large language models to support the patient services market.

PHARMACEUTICAL COMMERCE: **May you comment on the evolution of AI you've seen throughout your time working specifically in the patient access and support market?**
RON LACY: Absolutely. During the early-to-mid 2010 era, when I was in the Pharmacy Benefits Management industry, we were exploring big data and predictive analytics. We were using AI for the early analysis of predictive analytics to understand patient behavior.

Often, we hear of *behavioral sciences* used to try to predict what a patient may do in a certain situation, or how they would react to a certain kind of offer. And back during that timeframe, it was great to have AI to help us understand what a patient may do as it relates to their pharmacy benefits. However, we really lacked specific data pertaining to patients' access to therapy. The information provided was focused on what the patient might do in a certain situation, such as enrolling into or opting out of a PBM offered specialty program offering.

As time progressed, however, you started to see more utilization of large claims data to predict access—whether a patient would be covered and what a patient's copay might be. But again, this was claims-based using historical data to try to assess and predict.

That's really started to change more recently. With the use of cognitive AI tools and with the use of large language models, we're starting to go beyond the ability to predict, which is great, but also see the actual access details. What will a patient really pay? AI agents are now able to make calls and collect data from payers to provide patients with specific answers. So, the evolution is really continuing to grow.

PHARMACEUTICAL COMMERCE: **Briefly define cognitive AI and large language models.**
RON LACY: When I refer to the term cognitive AI, I compare that to a predictive model. Cognitive AI is the ability to do things like apply text to speech. You take text data, certain questions that you want to have asked, convert that text into speech, and then, in real time, the AI bot is listening to what is being spoken and is converting that speech into text. So, the cognitive part is the ability to have a conversation in real time. There are other cognitive tools, like named entity recognition. Historically, if you look back, some of the earlier cognitive tools would've been technologies like optical character recognition.

Large language models really drive a lot of that. Large language models then say, "What language is being used? What's being spoken? How do I recognize it?"

PHARMACEUTICAL COMMERCE: **How has the increase in interest and utilization of cloud-based AI platforms changed the way patient services are offered in the market?**

RON LACY: One of the biggest things, when I look at cloud-based platforms, is the availability. It's very simple now. These very powerful AI tools like speech recognition, as I spoke about previously, or content recognition, or even generative AI models such as OpenAI, are now accessible from nearly any location for any type of office, healthcare practitioner, etc.

To put this into context, I'll share a personal story. During my recent eye exam, my doctor spoke directly to her laptop. She said, "I'm examining Ron Lacy." Throughout the exam, she conversed with me while her laptop listened and transcribed our conversation. Toward the end of the exam, she specified an instruction to the computer. She said, "I'm going to place the prescription in the order." She verbally highlighted the prescription order to the computer and, as I was exiting the office, she handed me a copy of the prescription order for my reference. This is just one example of AI being used in a small healthcare practice. She has two offices in the St. Louis area – this is not a large healthcare system. The availability of that type of AI, where she's handing me transcribed orders in real-time, coming right out of her system with no typing was pretty amazing. From an access perspective, however, I still don't know how much it's going to cost me! Therefore, work still needs to be done to determine how to use cloud-based tools to assist patients and educate them regarding out-of-pocket costs.

PHARMACEUTICAL COMMERCE: **In addition to what you just highlighted, what are other challenges and risks associated with some of these platforms?**

RON LACY: We've worked with various AI solutions over the years. From my perspective, the biggest challenge is anomaly detection. For instance, how do you know the AI tool is, in fact, delivering the proper results? And is the answer delivered by the AI solution correct?

Historically speaking, when collecting benefits information for patients someone would contact a payer. Perhaps they're on the phone with an agent on behalf of the payer. The payer conveys information to the reimbursement specialist, and that reimbursement specialist knows something regarding that information is incorrect, based on expertise. They decide on the spot, whether or not to request for the agent to ask a different question, ask it in a different way, try to dig for more details, or perhaps, if they know they received the wrong information, simply hang up the telephone and contact a different agent at the payer. AI can't do this yet. So how do you figure out how and when the information that's coming back from the agent is incorrect? And so, how can we combine additional information, or additional details collected from other data sources, and apply the information with these cloud-based AI platforms via post-processing to identify anomalies?

In addition, consider adoption and change management challenges. As organizations think more about the deployment of AI, what approach will that organization take to best utilize the AI? Buy-in from various stakeholders at multiple levels must also be considered. The impact of AI will significantly impact all levels of the organization. Therefore, you really need to establish a thorough approach, whether it's starting with pilots, employee engagements, or other types of management reviews. Change management is going to continue to be one of the biggest challenges, when it comes to adoption of AI.

In fact, during a recent phone call with a customer about AI they pushed back and said, "We don't think machine learning is ready in this space yet." So, you really must build awareness and demonstrate the proof in this space.

PHARMACEUTICAL COMMERCE: **Stakeholders aren't always receptive to change and adoption, right? What do you feel will help increase adoption in this market?**

RON LACY: It's demonstrating proof, right? The more that we can show high rates of accuracy, high rates of improved efficiencies, improved patient experience, that's really where you drive the results. We like to do pilots. We prefer to demonstrate how successful AI can be through results and track this information moving forward. This is the fundamental approach that we (UBC) take.

PHARMACEUTICAL COMMERCE: **What are your high-level projections, in terms of what you see on the horizon? What are you hearing from others during your interactions about the adoption of large language models into the patient access and support market?**

RON LACY: Continued connections are necessary to drive and expand the experiences for providers and patients. Thinking back, again, to my personal experience with my eye doctor, what if we could connect a patient access experience directly into the prescriber's workflow in the office? If I was sitting in the office, ideally a connection point would've been made while my doctor was dictating the order for my eye exam. During this time, why not initiate a call directly to the payer using AI to learn more about my access and the cost of the prescription? I think this is one of the key areas where you're going to continue an evolution, regarding the deployment of AI.

In addition, as brands consider engagement opportunities with patients, they'll want to get closer to patients when patients are prescribed their treatments and leverage technology, specifically AI technology, to ensure the right messages are delivered at the right time. Again, why not deliver the information directly to the patient while he or she is in the office? Perhaps an AI bot is available, and the patient and the AI agent can interact about what to expect via messaging? I think that's one of the key areas where the blending of connected health, through standards like HL7 and FHIR, combined with AI and some of the elements that I highlighted previously can really come into play.

Another change that is likely to happen, and we haven't spoken much about this, is that we will begin to see more and more retrieval-augmented generation. With this technique a manufacturer has a controlled set of information pertaining to the product or therapy but allows patients to interact and ask questions. Then, controlled information with approved content is delivered back to the patient. This is another area we are excited about, as it relates to generative conversations with patients.