Pharmacy's Moment

From cost center to growth engine

Insights from pharmacy leaders at four top health systems who chose a pharmacy intelligence platform to drive growth and patient access, when hiring wasn't an option.

Ochsner Health · St Luke's · MetroHealth · YaleNewHaven Health

EVIDENCE AT A GLANCE

Four health systems. The same headline finding.

Each system measured what changed after deploying Latent's enterprise pharmacy intelligence platform. The results below are published and sourced.

OCHSNER HEALTH

20,177

specialty patients reached faster in 2024 · 39% more per-pharmacist monthly throughput · prior auth review time 75% faster

ST. LUKE'S HEALTH SYSTEM

7 → 3 days

prior authorization turnaround · 1,200 more prior auths per month at zero net headcount · clinical review 72% faster

METROHEALTH

+45.1%

prior auth submission capacity with same headcount · 2.03 hr average turnaround · <3 min clinical document creation

YALE NEW HAVEN HEALTH

+109%

prior auth throughput per team member · review time 18 min → 3.5 min · under 1 hr turnaround

01

The shift pharmacy agrees on

For the last decade, the pharmacy line on a hospital P&L was a fixed operational cost. Something to manage down, and something the rest of the leadership team may not have paid much attention to.

That is no longer how the room talks.

When Chief Pharmacy Officers from the largest US health systems gathered at the Becker's Pharmacy Agenda earlier this year, the room kept coming back to a sentence that would have been hard to say five years ago. Pharmacy is no longer a cost center. It is the function that now determines how many patients a system can serve, and how many people it can afford to hire to serve them.

> “AI will be the most consequential technology that we all have in pharmacy practice in my lifetime. We need to think bigger than prior auth.”
>
> Deborah Simonson
> VP and Chief Pharmacy Officer, Ochsner Health · Becker's Pharmacy Agenda, 2026

Four health systems decided to find out. This paper draws on the published outcomes from Ochsner Health, St. Luke's Health System, MetroHealth, and Yale New Haven Health, each of which deployed Latent to serve more patients, grow their operation, and measure what changed when the administrative weight moved off their teams' plates.

What they deployed, Latent's enterprise pharmacy intelligence platform, spans the full pharmacy stack: prior authorization, appeals, denials, capture, outreach, and adherence. Most systems begin with prior authorization, where the pain is loudest, and extend the platform to the next workflow as their needs move up the stack.

The headline finding is the same one each system reported in its own words. Pharmacy capacity expanded. Pharmacy headcount did not. The shape of the days for the people doing the work changed. And the patients on the other end of those days started getting their medications sooner.

02 · OCHSNER HEALTH

Ochsner Health

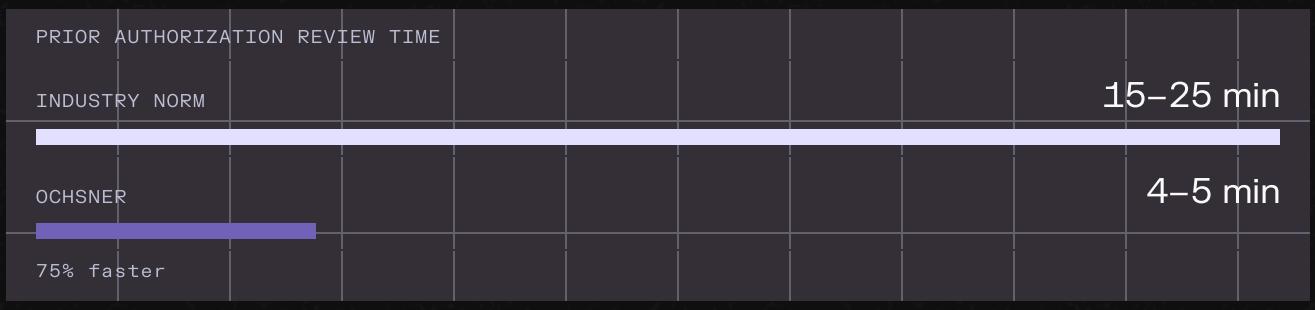
The change Ochsner made

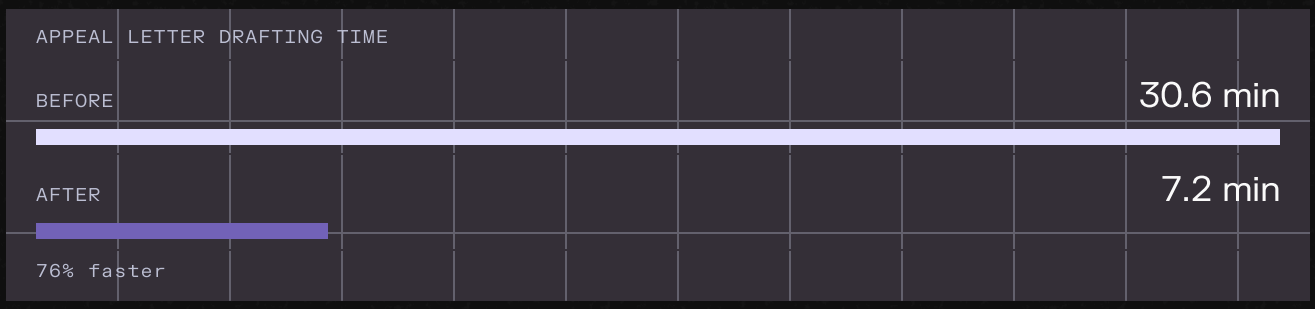
Ochsner Health's specialty pharmacy team in 2023 looked the way many specialty teams look in 2026. Strong clinical talent, a packed queue of prior authorizations, and a quiet assumption that adding capacity meant adding people.

20,177
specialty patients served faster

+39%
per-pharmacist monthly throughput

35 hrs
reclaimed across 91 appeals





> “Our specialty pharmacy was spending too much time doing administrative tasks, and morale started slipping. Once Latent took that body of work off their plates, our team's energy skyrocketed.”
>
> Deborah Simonson
> VP and Chief Pharmacy Officer, Ochsner Health

> “At Ochsner Health, we choose like-minded partners to help us deliver exceptional care and drive innovation. From day one, Latent has exemplified what it means to be a trusted partner.”
>
> Amy Trainor
> SVP, Chief Information Officer, Ochsner Health

Ochsner extended the same engine into appeals next, the part of the prior authorization process most likely to consume a clinical pharmacist's afternoon. Across 91 appeals measured, the time required to draft an appeal fell from 30.6 minutes to 7.2 minutes. The team recovered roughly 35 hours across 91 appeals, time that was returned to patient care.

That is the sentence the Ochsner leadership team can read once and remember.

03 · ST. LUKE'S HEALTH SYSTEM

St Luke's®

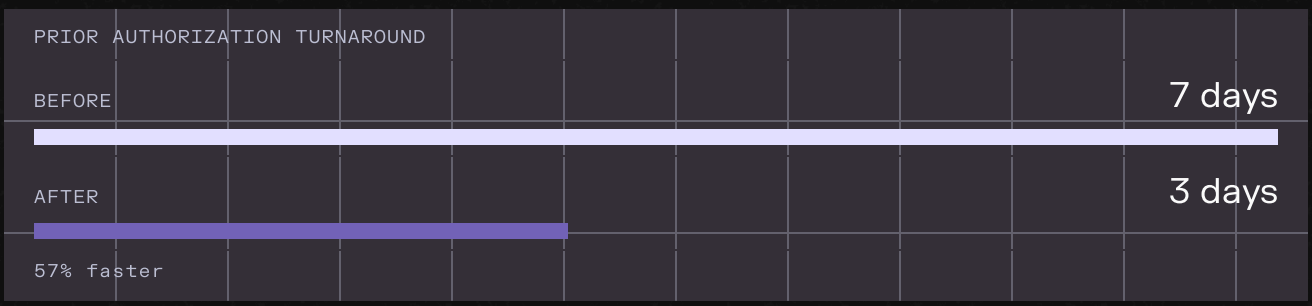
The change St. Luke's made

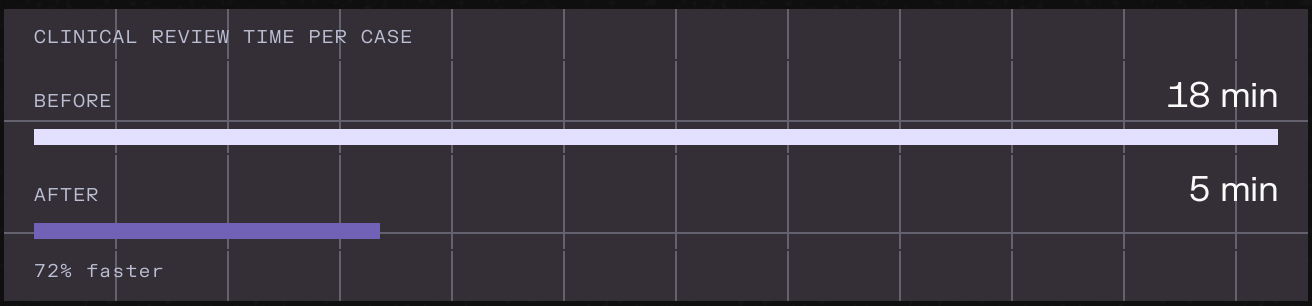
St. Luke's Health System had a similar starting picture. Patients waiting up to 14 days for medications their physician had already ordered. A prior authorization queue expanding faster than the team could pace it.

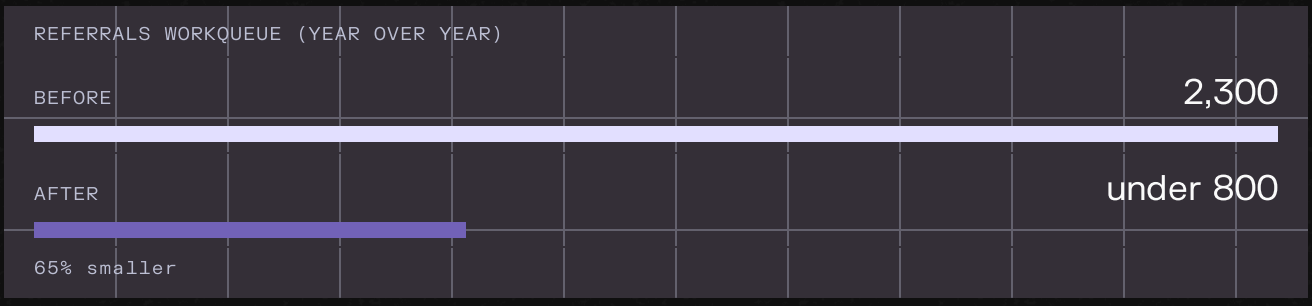
+1,200
additional prior auths per month, same team

−57%
average turnaround time

−65%
referrals workqueue reduction







> “It's not just an operational expense, it's more of a care transformation infrastructure investment — and that's how we pitched it.”
>
> Joshua Weber, PharmD
> Senior Director, Ambulatory, Retail & Specialty Pharmacy Services, St. Luke's Health System
> Becker's Spring CPO Summit, April 2026

> “It's magical because people are used to waiting 14 days or longer. They never get the therapy their doctor wrote. Now we can tell them we can get this done in three days.”
>
> Joshua Weber, PharmD
> Senior Director, Ambulatory, Retail & Specialty Pharmacy Services, St. Luke's Health System
> Becker's Spring CPO Summit, April 2026

The St. Luke's outcome is an easy one to bring into a budget conversation, because the math is easy to understand. The same team. More patients on therapy. Faster.

04 · METROHEALTH

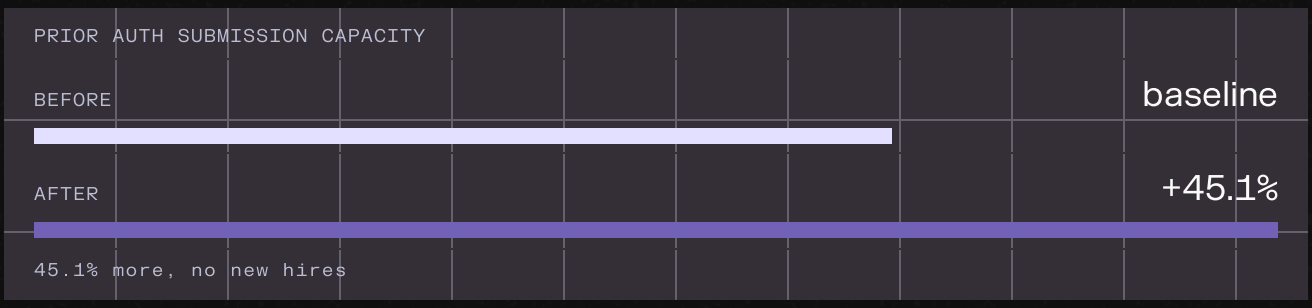
MetroHealth

The change MetroHealth made

Ryan Mezinger, MetroHealth's Chief Pharmacy Officer, put the workforce question plainly.

> “Anything I do with AI, I'm not looking to replace FTEs. I'm looking to replace the openings we've had for three months that we cannot find.”
>
> Ryan Mezinger
> SVP and Chief Pharmacy Officer, MetroHealth · Becker's Spring CPO Summit, April 2026

+45.1%	2.03 hrs	<3 min
prior auth submission capacity, same headcount	average prior auth turnaround	clinical document creation



The MetroHealth story is about workforce math. Three open pharmacy positions that had sat vacant for months. A team already at capacity. The question may have been whether the answer was more staff.

The answer, once Latent was deployed, was no. Submission capacity grew by 45.1%. Average prior authorization turnaround landed at 2.03 hours. Clinical document creation dropped to under 3 minutes per case. The vacant positions stayed open because the team no longer needed to fill them to keep up.

> “Latent has transformed our collaboration into a true partnership, revolutionizing our prior authorization process and enabling us to expand into a comprehensive medication access and affordability team here at MetroHealth.”
>
> Ryan Mezinger
> SVP and Chief Pharmacy Officer, MetroHealth

Infrastructure is the word that keeps surfacing. It is the right word. Pharmacy did not need a new tool. It needed an apparatus that could carry the day-to-day load and let the clinical talent do clinical work.

05 · YALE NEW HAVEN HEALTH

YaleNewHaven**Health**

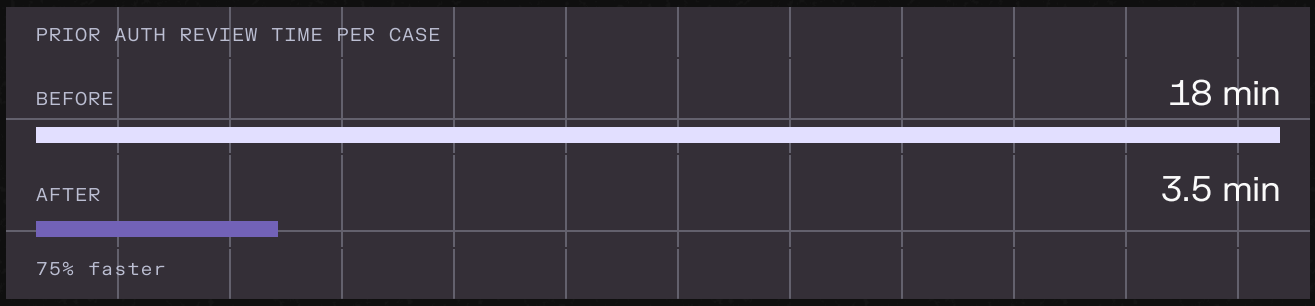
The change Yale New Haven made

Yale New Haven Health produced the most dramatic throughput result in this paper.

+109%
prior auth throughput per team member

75%
review time reduction

<1 hr
average prior auth turnaround



> “Every hour counts. It's important that we treat every authorization as expedited so patients no longer wait days for approvals that should take hours.”
>
> Harold Scheidel
> Specialty Pharmacy Financial Clearance Leader, Yale New Haven Health System

Patients at Yale New Haven started receiving answers in under an hour. The throughput number behind that outcome was the most dramatic in the group: 109% more prior authorizations processed per team member. Review time fell from 18 minutes to 3.5 minutes per case.

> “Health systems talk about infrastructure like bridges and tunnels — we need the same mindset for technology. Latent supports critical infrastructure behind the scenes so our people can focus on patients.”
>
> Marjorie Lazarre
> Chief Pharmacy Officer, Yale New Haven Health System

Patients who used to wait two days got a same-hour answer. That is the number pharmacists tend to mention first. It also means patients start their treatment sooner.

07

What every one of these systems shares

Prior authorization was the entry point. Every system in this paper began there, where the administrative weight was heaviest, and none of them stopped there. Ochsner is running Latent across six pharmacy workflows: appeals, denials, capture, and beyond. That is what the full pharmacy stack looks like when it moves.

No two of these systems look alike. They serve different patients, in different regions, with different pressures bearing down on them. Yet when you set their results side by side, the same story emerges in each one. Pharmacy capacity grew while pharmacy headcount held steady. The clinical work that pharmacists spent years training for stayed in their hands. The administrative work that used to swallow their days moved into the background, handled quietly by technology that never asked for more people to keep it running.

They stopped treating the size of their pharmacy team as a ceiling. They deployed Latent across their pharmacy operations and measured what happened to the work their pharmacists were doing. In every case, the answer was the same: the administrative work moved off their plates. The clinical work stayed. The time that returned went to patients.

Joshua Weber at St. Luke's said it plainly at Becker's. The decision was not framed as a technology experiment. It was framed as an infrastructure investment. Infrastructure for what pharmacy is becoming, not what it has been.

08

For the leadership meeting

Every metric in this paper has a patient on the other end of it.

Health systems are under pressure from every direction: workforce shortages, rising demand across the system, and margins with no room for waste. Finance leaders are asking the same question in every department, where can we invest in tools that do more, carry real workload, and return more than they cost. So when a Chief Pharmacy Officer walks into a finance review now, the conversation is no longer only about whether to hire. It is about whether pharmacy can absorb more of the system's load and show the return for it.

The short version, across the four systems in this paper:

OCHSNER HEALTH	ST. LUKE'S	METROHEALTH	YALE NEW HAVEN
+39%	1,200	+45.1%	+109%
prior authorizations per pharmacist per month, same headcount	additional prior auths per month, turnaround from 7 days to 3	more prior auth submissions, same team, open positions unfilled	throughput per team member, turnaround under one hour

The four systems started in different places and measured their own results, and the results pointed the same way. Each one started with prior authorization, because that is where the administrative work is heaviest. The same approach now also covers appeals, denials, and much more.

Each number is also a change for real people. Patients who used to wait days now wait hours. Pharmacists have more time for clinical work. Across the network, denials are down by more than 30%.

Results like these change how pharmacy is viewed. It stops being treated as a cost to control and starts being treated as a part of the system worth investing in. The numbers are published, they are sourced, and they held up across four very different organizations.

ABOUT LATENT

Latent

Simplify the journey from diagnosis to health

Latent is the enterprise pharmacy intelligence platform, powered by a clinical agentic engine, that enables health systems to grow their pharmacy operation, serve more patients, and capture more value, without adding headcount.

The platform spans the full pharmacy stack: prior authorization, appeals, denials, capture, outreach, and adherence. It frees pharmacy teams from the administrative work that fills the day, enabling them to focus on their patients and practice at the top of their license. It also gives Chief Pharmacy Officers the data to make the case in any finance discussion.

Partners include Ochsner Health, St. Luke's Health System, MetroHealth, Yale New Haven Health, Mount Sinai Health System, Vanderbilt University Medical Center, UCLA Health, UCSF Health, and Henry Ford Health, among others. More than 50 health systems in total, covering half of the top 20 in the US. Latent raised an $80M Series A in 2026, co-led by Spark Capital and Transformation Capital.

The pharmacy leaders in this paper are not running experiments. They are building the infrastructure that decides what specialty pharmacy looks like in five years. This is the first paper in a series from Latent.

latenthealth.com

OchsnerHealth StLuke's MetroHealth YaleNewHavenHealth

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