Latent

PANEL RECORDING · NOVEMBER 4, 2026



BECKER'S CEO AND CFO ROUNDTABLE

How four pharmacy leaders make their case to the CEO and CFO.

Leaders from Ochsner, Mount Sinai, Yale New Haven and UCSF explain which numbers they bring to leadership and how they frame them.

Debbie Simonson
VP AND CHIEF PHARMACY OFFICER
Ochsner Health

Lisa Stump
CHIEF DIGITAL INFORMATION OFFICER
Mount Sinai

Marjorie Lazarre
VP AND CHIEF PHARMACY OFFICER
YaleNewHaven Health

Noelle Chapman
VP AND CHIEF PHARMACY OFFICER
UCSF Health

WHY THIS CONVERSATION MATTERS

Most executive teams still see pharmacy as a cost line

Pharmacy is one of the few places where a health system can grow margin and improve patient care with the same investment. Demand for specialty and infusion therapies is growing faster than pharmacies can hire. Meeting it takes money, and the money sits with a CEO and CFO who may never have looked closely at the pharmacy business.

So pharmacy leaders have to make a case. On November 4, four of them sat on stage at Becker's and explained how they make theirs. Sri Somasundaram, Latent's co-founder and co-CEO, moderated. All four health systems use Latent.

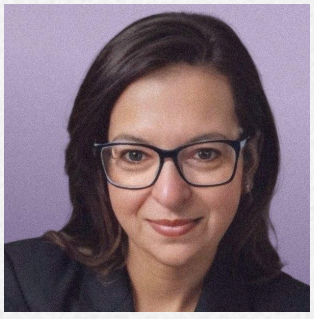
Here is what they said, in four parts. Each part links to its moment in the recording.



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The case in four steps

1

Use leadership's measure.

UCSF runs on EBITDA. In Debbie Simonson's example, 10 more specialty prescriptions a day, five days a week, at $1,000 margin each adds $2.6 million a year.

PART ONE · PAGE 04

2

Show the demand, and how AI helps meet it.

Ochsner's specialty pharmacy grew 20% a year, faster than posted positions could be filled. AI removed the bottlenecks, starting with prior authorization.

PART TWO · PAGE 06

3

Explain the buy.

Yale New Haven stopped building its own tool because a partner delivered faster.

PART THREE · PAGE 08

4

Report one number and one patient.

Ochsner fills 47.99% more prescriptions per FTE. At UCSF, Heather's approvals now arrive in under 24 hours.

PART FOUR · PAGE 10

1

THE OPENING

Start with the number your CEO already watches

Sri opened by asking each leader for one number proving what pharmacy is worth. Noelle Chapman pushed back on the question. UCSF's leadership runs on EBITDA, she said, so her job is to translate patient care and safety into EBITDA. Another system might manage to a different measure. The work is finding out which one.



"It almost doesn't matter what the number is. It's knowing the audience and making sure you can connect to it in a way that's meaningful."

Noelle Chapman
VP and Chief Pharmacy Officer

UCSF Health

Debbie Simonson has run pharmacy at Ochsner for 45 years. She asks her teams to tell every story twice: once about the patient, and once about the dollars paying for the patient's care. Then she showed the room how the dollar version works.

> “Let's just say it's [margin per specialty prescription is] $1,000 a script. Let's just say I increase it by 10 a day, five days a week. So $10,000 a day, five days a week, that's $50,000. Fifty-two weeks out of the year? $2.6 million, just by increasing your scripts by 10.”

Debbie Simonson
VP and Chief Pharmacy Officer

OchsnerHealth

RUN DEBBIE'S MATH WITH YOUR OWN NUMBERS

1,000	×	10	×	5	×	52
Margin per script ($)		Added scripts per day				

= $2,600,000

ANNUAL MARGIN

Margin × added scripts × 5 days × 52 weeks

Debbie's example is illustrative. It is not Ochsner's financial results, and it is not a forecast.

Before your meeting

PART ONE

Find out which measure your CEO and CFO manage to. Know your margin per prescription, and know what 10 more prescriptions a day would add.

WATCH THIS SECTION →

2

THE PROBLEM

Show the demand, and how AI helps you meet it

Debbie's specialty pharmacy at Ochsner was growing 20% a year. She had positions posted, but could not fill them fast enough to meet demand. Turnaround slowed. Prior authorization was a bottleneck, and her staff were unhappy because they could not care for patients the way they wanted to. So she used AI to remove the bottlenecks, starting there.



“Because I couldn't hire. I had plenty of positions posted. That's not going to help me. I have a volume demand I cannot meet.”

Debbie Simonson
VP and Chief Pharmacy Officer

Ochsner Health

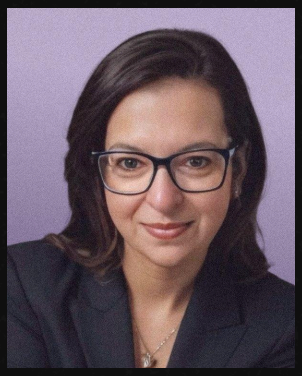


Marjorie Lazarre hit the same wall at Yale New Haven, where she leads 1,300 pharmacists and technicians. Yale runs clinical trials for new therapies. Once those therapies reached the market, her team could not get them to patients fast enough, and no hiring plan closed the gap.

“We built our pipeline of pharmacists, and also our pipeline of technicians, the math was just not mathing, as my son would say. We had to find a solution.”

Marjorie Lazarre
VP and Chief Pharmacy Officer

YaleNewHaven**Health**



Lisa Stump saw it from the technology side. She is now at Mount Sinai, and at the time she was chief information officer at Yale New Haven. Marjorie's team had a growth plan built on hiring, and they asked Lisa's digital team for another way. As Lisa recalls it, the pharmacy grew with technology and did not need the extra people.

“If you can continue to grow without adding resources at the same pace, that's a very real value to the enterprise.”

Lisa Stump
Chief Digital Information Officer

Mount Sinai

Before your meeting

PART TWO

Bring three numbers: your growth rate, your open positions and your turnaround time. Together they show leadership a volume problem hiring will not solve.

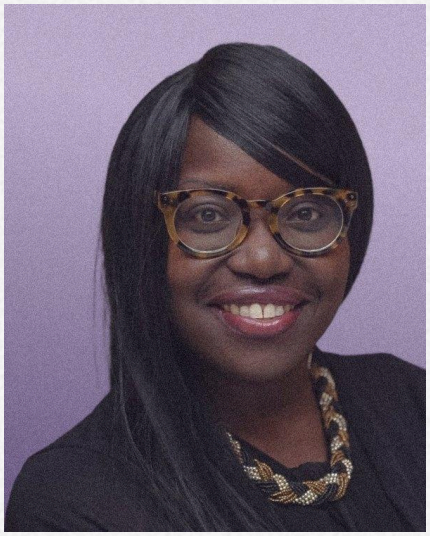
WATCH THIS SECTION →

3

THE DECISION

Be ready to explain why you didn't build it yourself

A CFO will ask why pharmacy needs another tool when the health system already owns an electronic health record and a revenue cycle platform. Marjorie and Lisa asked each other the same question. Lisa's team at Yale New Haven was building a pharmacy tool in house. Then Marjorie sat through a Latent demo.



"After seeing Latent, in literally the first 15 minutes I recognized that what we were building could not surpass what I saw."

Marjorie Lazarre
VP and Chief Pharmacy Officer

YaleNewHaven**Health**

15 minutes

MARJORIE LAZARRE · YALE NEW HAVEN HEALTH



Lisa Stump
Chief Digital Information Officer

Lisa agreed with the call, even though her team was the one building the internal version. Health record vendors cover the entire clinical workflow, she said, and at the time no one was focused wide and deep on pharmacy.



Marjorie Lazarre
VP and Chief Pharmacy Officer

For Marjorie, speed decided it. Her team had the talent to keep building. With new regulatory and legislative changes arriving every year, it did not have the time.

Before your meeting

PART THREE

Expect the "why another tool" question. Answer it with time: how long an internal build would take, and what the wait would cost in patients and margin.

WATCH THIS SECTION →

4

THE RESULTS

Bring leadership one number and one patient

Debbie has spent four years moving Ochsner's pharmacy workflows onto Latent, one at a time. Prior authorization came first. Her staff used to spend 15–20 minutes gathering chart information for each request, and now they spend four. Appeals came next, and they dropped 75%.

Each project had its own measure of success. Now she tracks three all the time: productivity against demand, quality and employee satisfaction. For leadership, she leads with the first.



"But now the bottom line is: how many prescriptions can I do per FTE? That's my bottom line."

Debbie Simonson
VP and Chief Pharmacy Officer

Ochsner Health

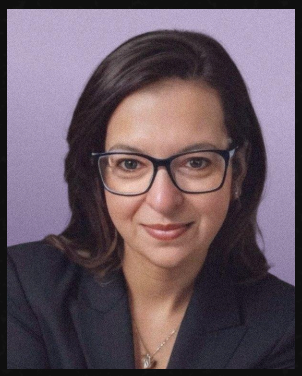
47.99%

more prescriptions per FTE in Ochsner's specialty pharmacy since the team started using Latent

10% rise in mean staff engagement score

99 Net Promoter Score from specialty pharmacy patients

Figures in the panel sections were reported on stage.



Lisa's advice is to report in four areas: the dollar measure your organization manages to, productivity, patient satisfaction and the workload on your care team.

> "You will have that home run when tools like this produce results in all of those quadrants. There's literally no argument."

Lisa Stump
Chief Digital Information Officer

Mount Sinai

Noelle closed with a patient.

Heather takes a GLP-1, and for a year and a half she filled the prescription at an outside pharmacy. Every refill needed a new insurance approval. Her insurer denied every request, and Heather ran the appeals herself, calling her doctor and her insurer. Once she waited on an approval only to learn nobody had submitted the paperwork. Then she moved her prescriptions to UCSF's pharmacy.



"Every single time since then, her authorizations have come through in less than 24 hours. She has not had to struggle, worry, call, coordinate, anything like that."

Noelle Chapman
VP and Chief Pharmacy Officer

UCSF Health

At UCSF, 86% of prior authorizations win approval in the first 24 hours, and specialty prescriptions reach patients five days faster than the national standard. Noelle told the room those numbers sound impressive on their own. Heather shows leadership what they mean.

Before your meeting

PART FOUR

Pick the one productivity number your leadership can track quarter over quarter. Pair it with one patient whose experience the number explains.

WATCH THIS SECTION →

Before your meeting

1. Find out which measure your CEO and CFO manage to. Know your margin per prescription, and know what 10 more prescriptions a day would add. ☐

   PART ONE · RECORDING 08:22

2. Bring three numbers: your growth rate, your open positions and your turnaround time. Together they show leadership a volume problem hiring will not solve. ☐

   PART TWO · RECORDING 16:53

3. Expect the "why another tool" question. Answer it with time: how long an internal build would take, and what the wait would cost in patients and margin. ☐

   PART THREE · RECORDING 25:23

4. Pick the one productivity number your leadership can track quarter over quarter. Pair it with one patient whose experience the number explains. ☐

   PART FOUR · RECORDING 29:53

RUN DEBBIE'S MATH WITH YOUR OWN NUMBERS

_____ × _____ × 5 × 52 = _____

Margin per script ($) | Added scripts per day | Annual margin

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