LATENT CASE STUDY · UNC HEALTH · MEDICATION ACCESS

How UNC Health scaled medication access +45% without adding headcount

When infusion prior-authorization volume surged, UNC Health didn't add a proportional row of FTEs. It redesigned the work first, then embedded AI to run it.

UNC HEALTH℠

EVIDENCE AT A GLANCE

A surge in demand, absorbed by redesigning the work, not by adding headcount.

UNC Health rebuilt its medication-access operating model first, then embedded AI in the workflow. The figures below reflect where the work stands today.

PRIOR AUTHORIZATIONS A YEAR

40,000

A subset of ~50,000 referrals handled by the central pharmacy team.

FIRST-PASS APPROVAL RATE

74%

On initial submission, before any appeal or resubmission.

YEAR-OVER-YEAR VOLUME GROWTH

+45%

Forecast for the first year of this work, absorbed without proportional headcount increases.

01 · THE REFRAME

UNC HEALTH

Redesign the work first. Then deploy the technology.

> “Can I get my medication, and can I get it in time at a cost I can afford?”
>
> Dr. Robert Granko
> System Vice President, Pharmacy Business Operations · UNC Health

That question lands on pharmacy teams every single day. At UNC Health, the team manages nearly 50,000 referrals a year, including 40,000 prior authorizations, with a 74% first-pass approval rate. This year, with AI embedded in the workflow, the team absorbed more than 45% year-over-year volume growth without proportional headcount increases.

Before deploying any technology, Dr. Robert Granko, System Vice President, Pharmacy Business Operations at UNC Health, asked the more important question. Not how do we keep up with volume, but what should this work actually look like?

That reframe is harder than it sounds. Most health systems respond to rising PA volume the way they respond to most operational pressure: add people, add hours, ask the team to do more. It works until it doesn’t. For many pharmacy teams, it already isn’t working.

> “We didn’t deploy AI into existing processes unchanged. We first and have continually asked, while challenging existing held beliefs, what should this work look like if the goal is timely, reliable patient access?”
>
> Dr. Robert Granko
> System Vice President, Pharmacy Business Operations · UNC Health

02 · ONE JOURNEY

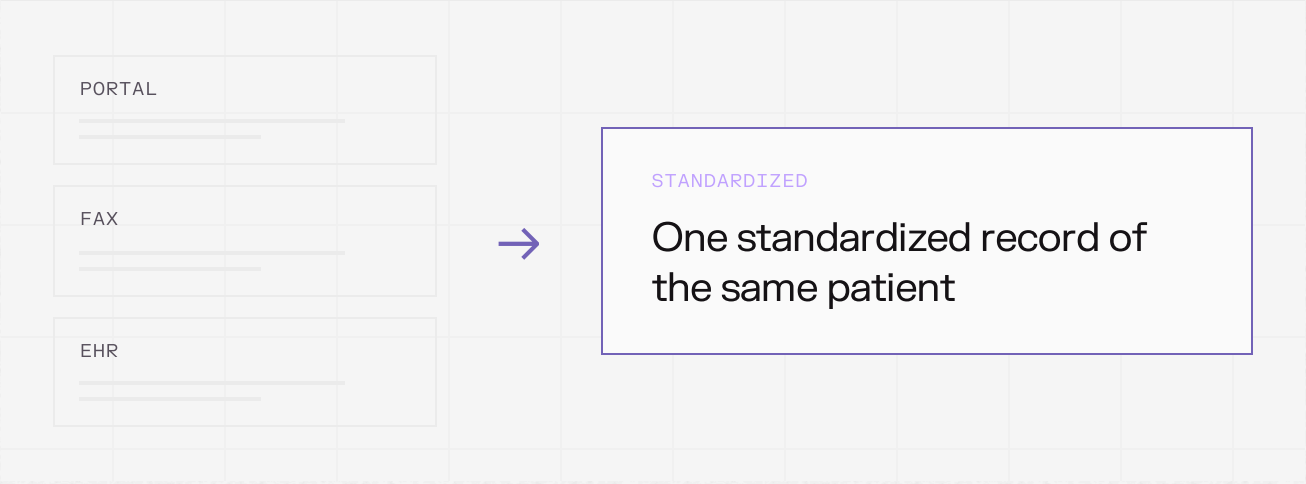
Six functions. One patient journey.

The work at UNC has been about scale and visibility. UNC's central pharmacy team sits at the core of how UNC coordinates medication access across prior authorization, financial assistance, specialty pharmacy, home infusion, ambulatory care, and 340B. These are not separate functions in Granko's view. From a patient's perspective, they are all part of the same journey.

03 · THE FRAGMENTATION

When they tried to standardize, the fragmentation showed.

When UNC expanded into infusion prior authorizations, what they found was revealing. Different submission methods, portals, fax, and EHR workflows had created a fragmented picture around the same patient.



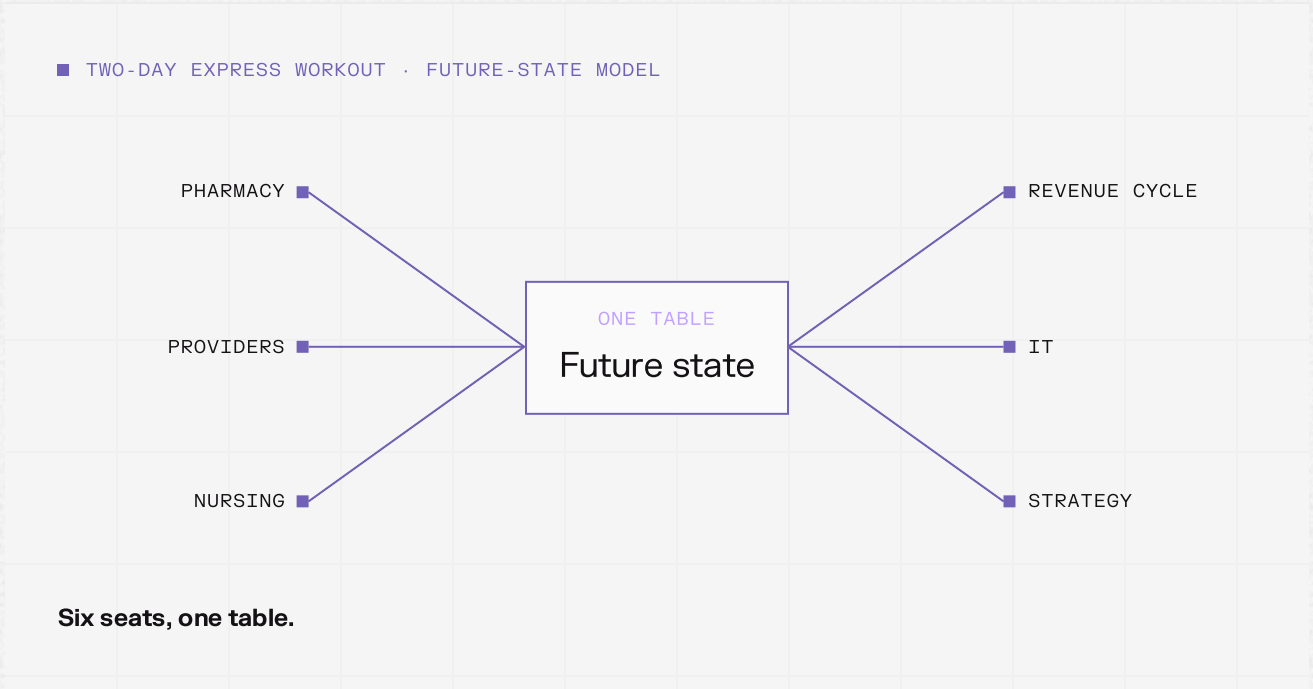
Duplicated work. Inconsistent tracking. Variable turnaround times. The fragmentation was not fully visible until they tried to standardize across it.

04 · THE TABLE

A redesign this size doesn't happen inside one department.

The data told a clear story. Even with strong performance and significant efficiency gains from AI, the current workflow design could not meet total system demand without change.

That gap did not just surface a capacity problem. It brought leaders to the table. Pharmacy, providers, nursing, revenue cycle, IT, and strategy sat together in a two-day Express Workout to define what a future-state model should look like.



Six seats, one table.

> "Our data didn't just highlight a capacity issue. It's helping us align leaders around a shared responsibility to patient access and re-imagine new possibilities."

Dr. Robert Granko
System Vice President, Pharmacy Business Operations · UNC Health

05 · THE CAPACITY

When the burden lifts, capacity flows to patients.

UNC is a large academic medical center forecasting 45%+ volume growth in its first year of this work. For all the scale it operates at, the conclusion Granko reached translates well beyond any single system. These solutions, he says, are labor complements rather than labor substitutes. The value is not in doing the work faster. It is in what teams can do with the capacity they get back.

When the administrative burden lifts, capacity flows to patients. At UNC, that means faster outreach, proactive follow-up on stalled authorizations, and stronger financial navigation support.

---

06 · THE RESULT

Absorbed without adding headcount.

+45%

YEAR-OVER-YEAR VOLUME GROWTH · FORECAST FOR THE FIRST YEAR OF THIS WORK

---

07 · THE STANDARD

Speed was never the goal.

The standard Granko holds is simple.

> “Efficiency gains only matter if patients and our providers feel them.”
>
> Dr. Robert Granko
> System Vice President, Pharmacy Business Operations · UNC Health

Not review time in isolation. Not FTE counts.

TEST 01 · THE PATIENT

Whether the patient starts therapy this week or waits another two.

TEST 02 · THE PROVIDER

Whether the provider gets a clear answer or another callback.

TEST 03 · THE TEAM

Whether the pharmacy team ends the day having done the work they actually want to do.

Latent

08 · STILL BUILDING

The decision to redesign has been made.

UNC is stil building. Granko is direct that expanding into infusions is early and there is more work ahead.

> The question Granko has moved past is whether to redesign. That decision has been made. The real debate is no longer whether pharmacy operations need redesign. The more important question is how much better pharmacy can perform when workflow, technology, and operating models are aligned to support the team and patients.

See Latent on your pharmacy's data

UNC Health uses Latent Health's Enterprise Pharmacy Intelligence Platform, with AI embedded in the workflow, supporting prior authorization across specialty, infusion, and ambulatory care, so the capacity the team gets back flows to patients. Contact us at latenthealth.com.

UNC HEALTH × LATENT · MEDICATION ACCESS CASE STUDY · LATENT, 2026 · LATENTHEALTH.COM

OUTCOMES AND FORECASTS REPORTED BY UNC HEALTH.

ADAPTED AND EXPANDED FROM THE ORIGINAL REPORT IN BECKER'S HOSPITAL REVIEW · BECKERSHOSPITALREVIEW.COM