



Transforming Medication Management at Scale

Unlocking Value-Based Care
Success with Agentic AI



PANELISTS



**ANJALI KAKWANI,
PHARMD, BCPS, CACP**

Clinical Pharmacy Specialist, Atlantic
Accountable Care Organization,
Optimus Healthcare Partners



DREW ALBANO, DO, MBA

VP, Atlantic Health &
President, Atlantic
ACO



LIAT PRIMOR

Co-Founder & CEO

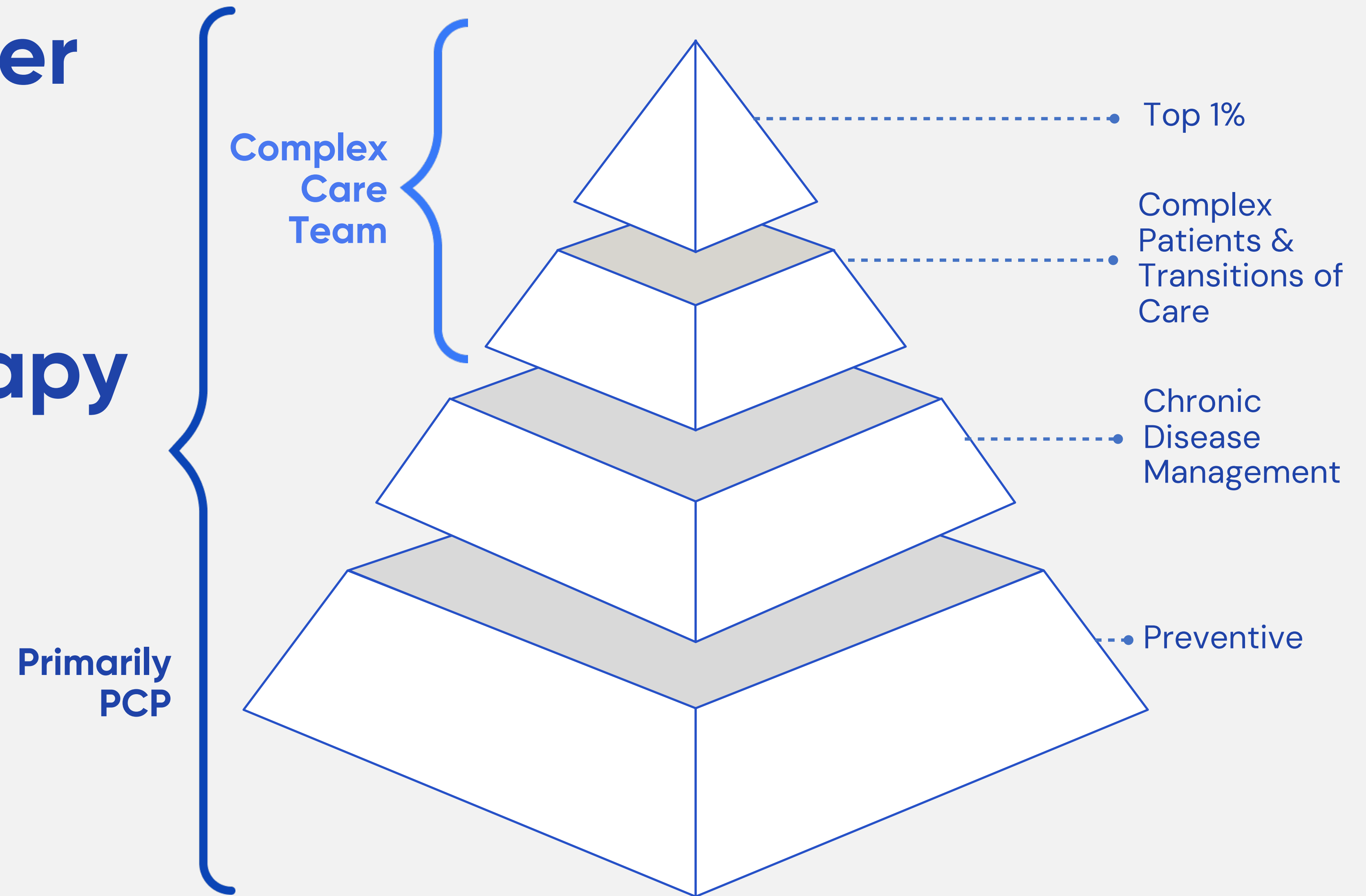


ADVA TZUK ONN, MD

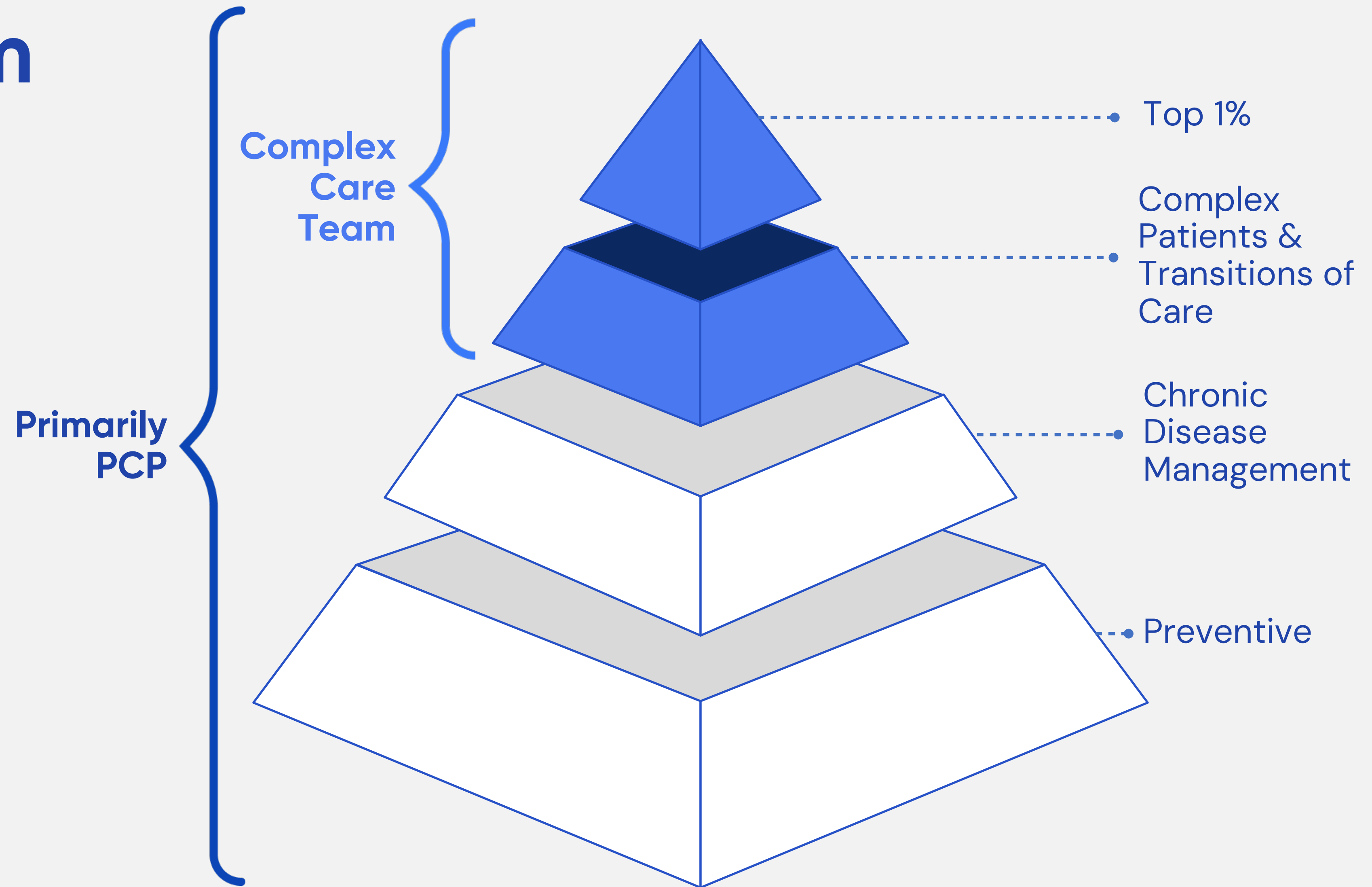
Chief Medical Officer



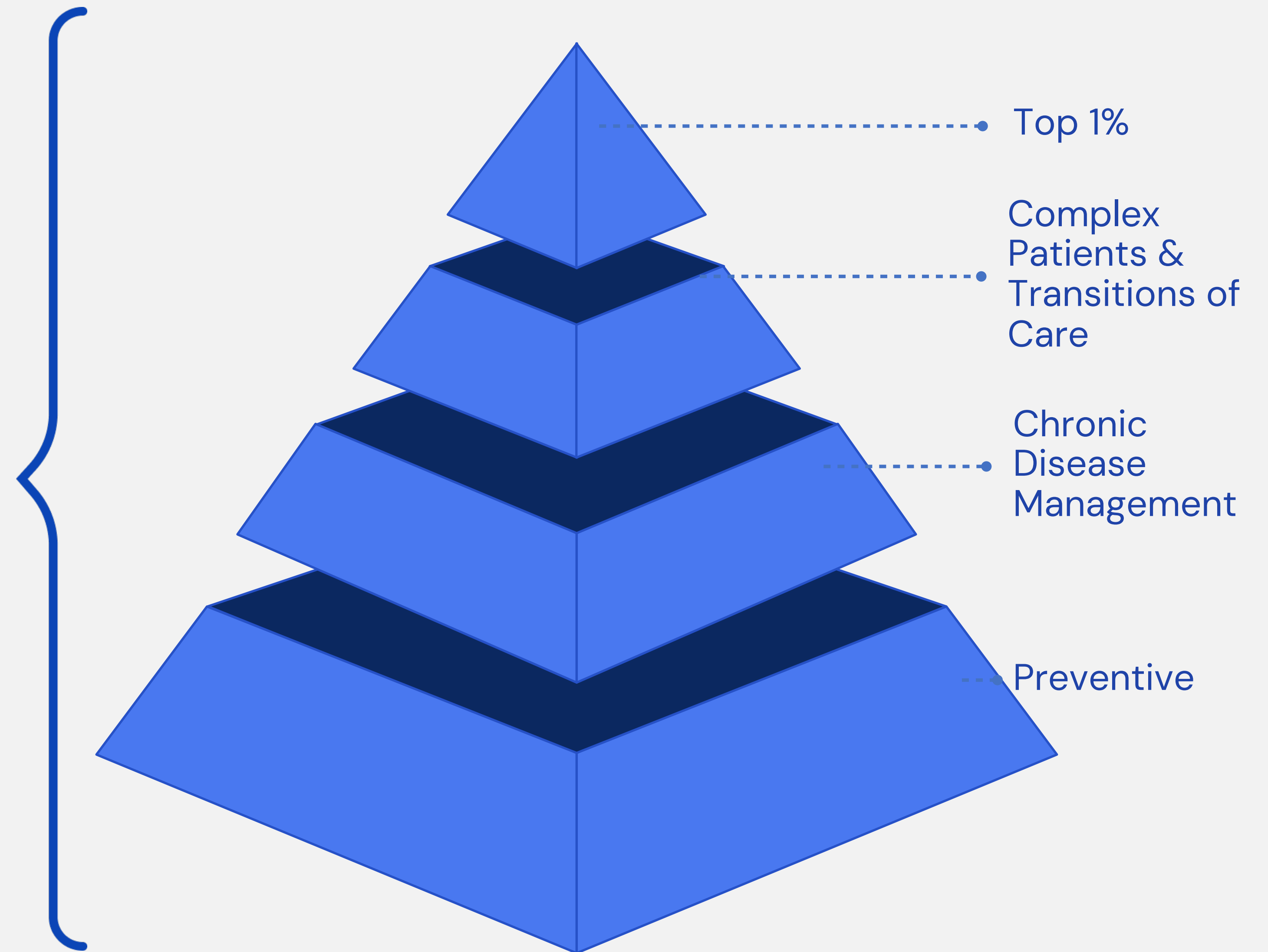
Delivering Better Care Through Personalized Pharmacotherapy Interventions



Current System Capacity Reaches Only Top 10% of Patients



Agentic AI Expands Pharmacotherapy Management Across All Patient Populations



TRANSFORMING MEDICATION MANAGEMENT AT SCALE



- Identify the right patients for pharmacotherapy optimization across all populations
- Drive action with personalized medication regimen changes
- Improve patient outcomes & safety
- Enhance organizational efficiency
- Deliver sustainable financial impact

Deliver Sustainable Financial Impact

Cost Savings from Top 10% of Patients:

One pharmacist managing 100 high-risk patients per month can deliver:

\$277.5K

in monthly savings

Revenue Creation

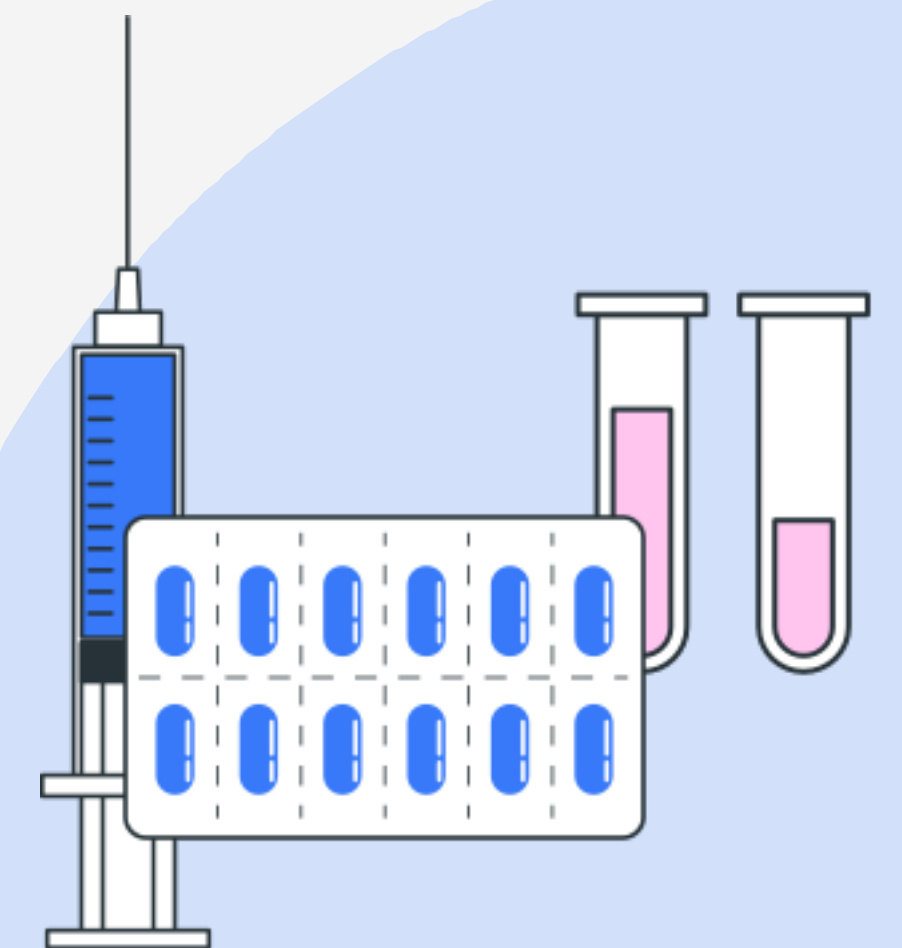
- Initiate appropriate medications for **eligible 340B** patients
- Identify eligible patients for **MTM** through targeted interventions



Pinpoint Patients for Pharmacotherapy Interventions Aligned to Your Goals

Support Pharmacy Revenue Generation

- Identify **eligible 340B** patients requiring initiation of appropriate medications
- Enhance **MTM** activities



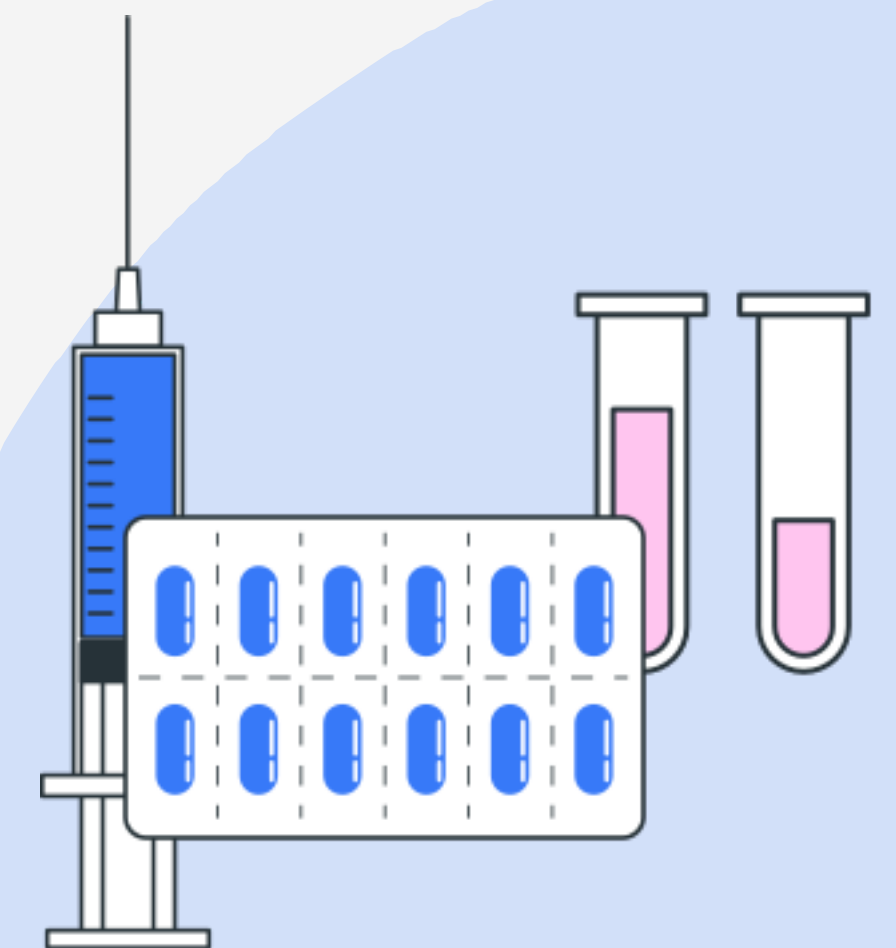
Pinpoint Patients for Pharmacotherapy Interventions Aligned to Your Goals

Support Pharmacy Revenue Generation

- Identify **eligible 340B** patients requiring initiation of appropriate medications
- Enhance **MTM** activities

Advance Population Health Initiatives

- **Chronic disease** management
- **Principal care** management
- **CMS quality** metrics & performance
- **HEDIS** compliance
- **Medication reconciliation**



Pinpoint Patients for Pharmacotherapy Interventions Aligned to Your Goals

Support Pharmacy Revenue Generation

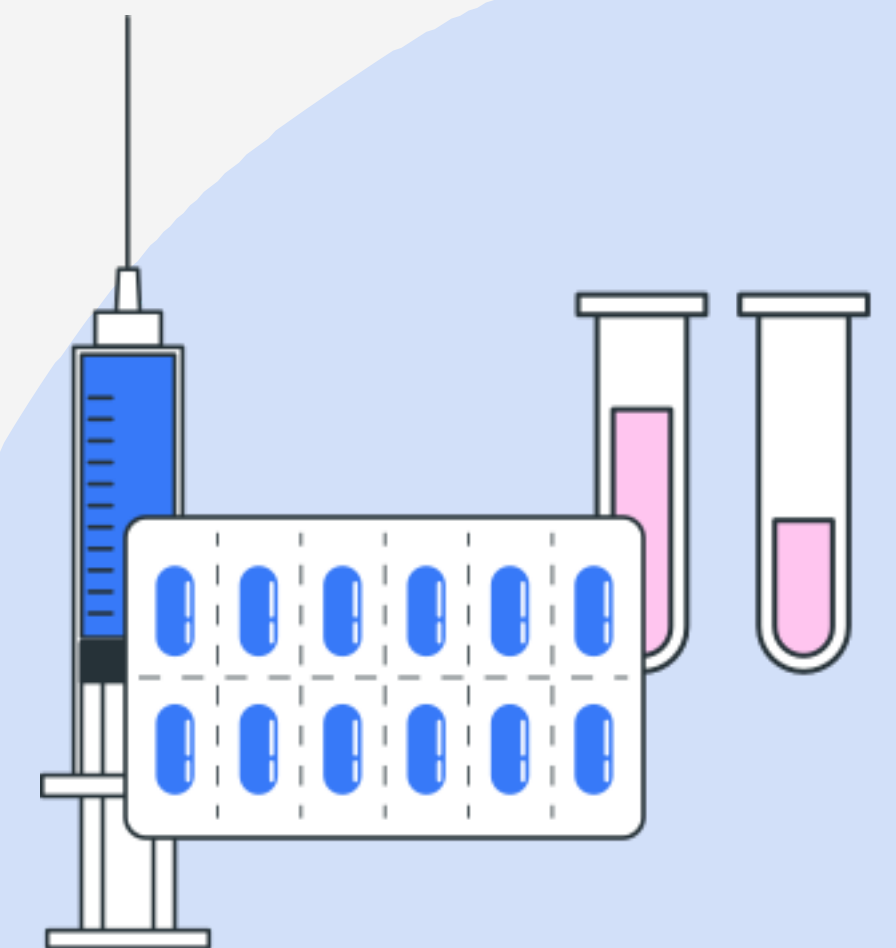
- Identify **eligible 340B** patients requiring initiation of appropriate medications
- Enhance **MTM** activities

Advance Population Health Initiatives

- **Chronic disease** management
- **Principal care** management
- **CMS quality** metrics & performance
- **HEDIS** compliance
- **Medication reconciliation**

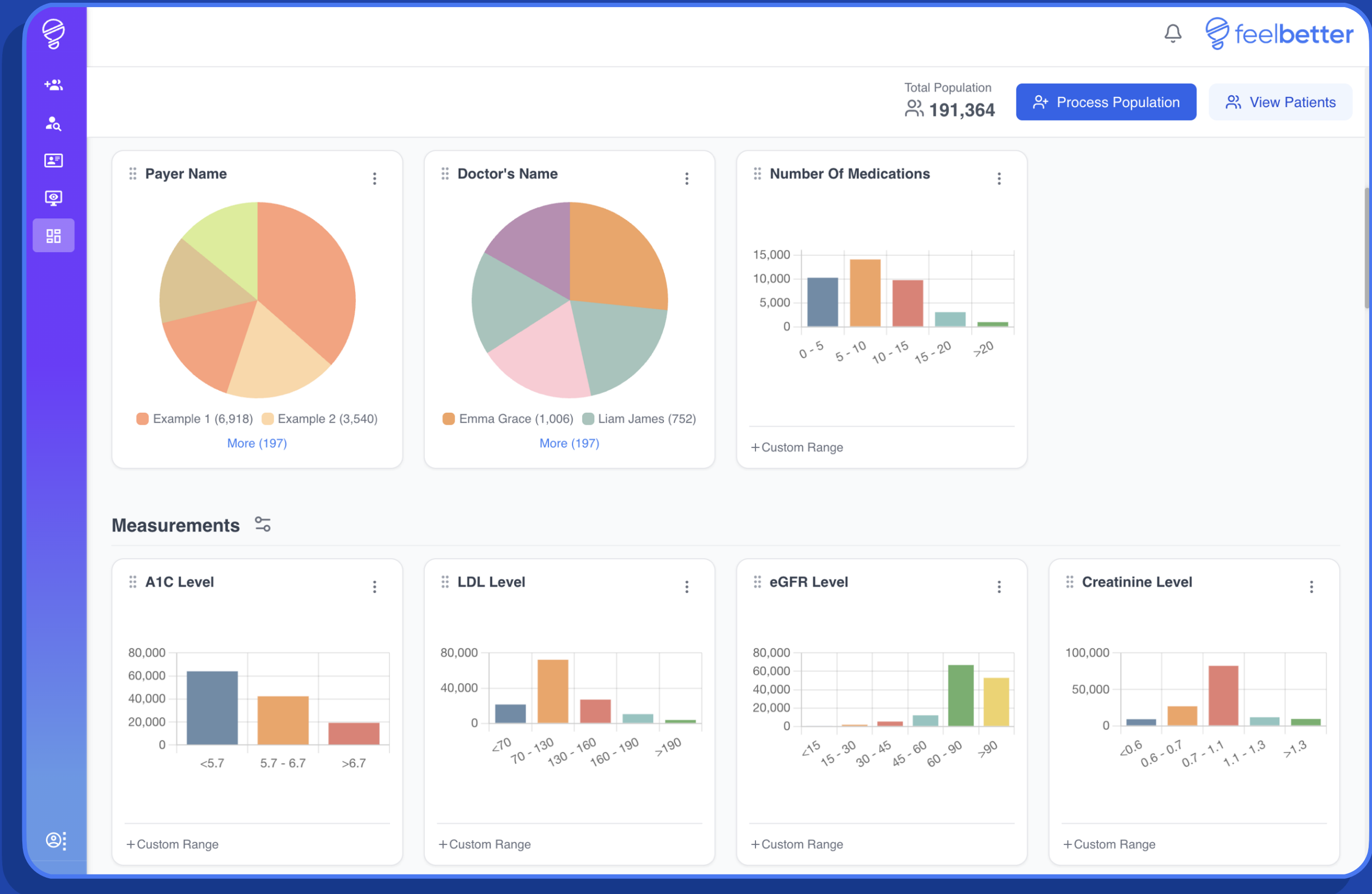
Reduce Pharmacy Spend

- Address **inappropriate** use of expensive therapies



With FeelBetter, You Create AI Agents that Work for You

- Trusted AI platform
- No daily IT support needed
- Flexible configuration



Labels		
Search labels...		
Type 2 Diabetes + CKD	1,205	
Type 2 Diabetes + CKD with persistent albuminuria + On ACEi or ARB	102	
Type 2 Diabetes + CVD / HF	50	
Type 2 Diabetes + MASH (Metabolic dysfunction-associated steatoh...	1,547	

Type 2 Diabetes Mellitus Example

Optimizing Chronic Disease Management

Type 2 Diabetes + CKD



**Initiate
SGLT2i ± GLP1**

Type 2 Diabetes + CKD
with persistent
albuminuria + On ACEi or
ARB



**Initiate
Finerenone**

Type 2 Diabetes +
CVD / HF



**Initiate
SGLT2i ± GLP1**

Type 2 Diabetes + MASH
(Metabolic dysfunction-
associated steatohepatitis)



**Consider using
pioglitazone,
GLP1 RA, or dual
GIP and GLP1 RA**

From Population Level to Individualized Targeted Interventions

Type 2
Diabetes +
CKD



**Initiate
SGLT2i ± GLP1**

Eligible for 340B



Max is one of many patients with:

- Type 2 Diabetes
- CKD
- Eligible for 340B
- Flagged for SGLT2i initiation

 **Consider adding SGLT2i for Uncontrolled DM** ×

HEDIS Measures

 Patient's general overview ▼


 Recent changes in patient's health journey ▼


Not now

Show findings


AI Summaries that Save PCPs Valuable Time


Comprehensive patient context from
multiple data sources, unifying
structured and unstructured data in
seconds





 **Consider adding SGLT2i for Uncontrolled DM**

HEDIS Measures

 Patient's general overview



 Recent changes in patient's health journey



- In the last 90 days, the patient was diagnosed with new **otorrhea**, for which a course of **Ciprofloxacin** otic solution was initiated and completed.
- Additionally, a short course of **Tobramycin** ophthalmic topical was prescribed and discontinued.
- Laboratory findings indicate persistent **hematologic abnormalities**, with hemoglobin remaining low and further decreasing, and iron levels becoming low. White blood cell count also remained low, though it showed a slight increase.
- **Renal function** markers showed worsening microalbuminuria, with levels remaining high and increasing significantly.
- **Electrolyte imbalances** persisted with low sodium levels.

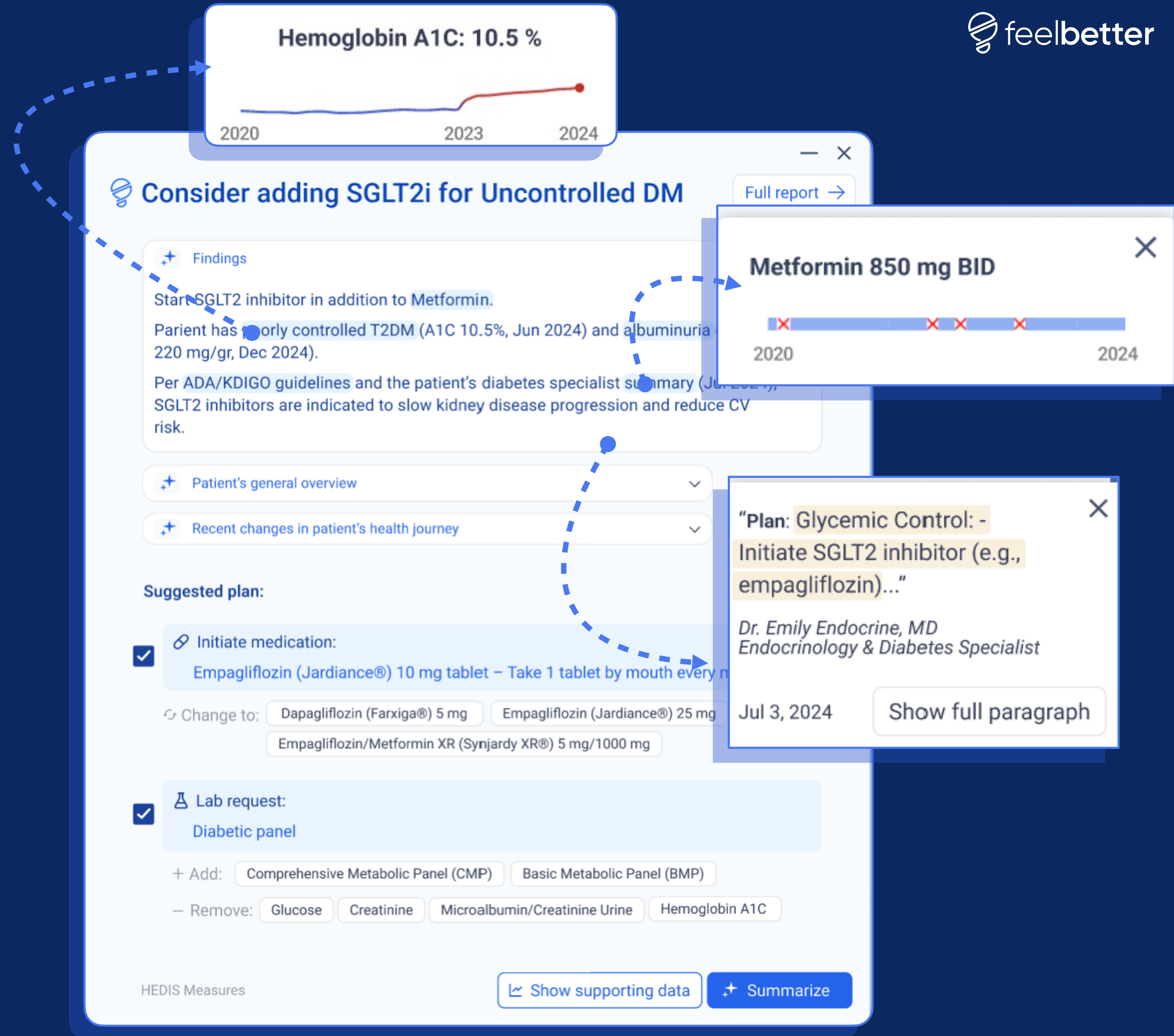
Not now

Show findings

Patient Findings and Recommended Interventions

Gen AI findings present:

- Relevant patient notes
- Lab results and trends
- Clinical guidelines
- Specific recommended interventions



Agentic AI Generates Personalized Summaries, Prescriptions & Follow-Ups

Encounter Summary Note

Start Empagliflozin 10 mg daily in addition to Metformin.

Patient has poorly controlled T2DM (A1C 10.5%, Jun 2024) and albuminuria (UACR 220 mg/gr, Dec 2024).

Per ADA/KDIGO guidelines and the patient's diabetes specialist recommendation (Jul 2024), SGLT2 inhibitors are indicated to slow kidney disease progression and reduce CV risk.

Monitor renal function, A1C, and UACR; counsel on sick-day rules and side effects.

After Visit Summary

Start Empagliflozin (Jardiance®) 10 mg – take 1 tablet by mouth once daily in the morning. Continue metformin.

We will recheck your labs (kidney function, A1C, urine test) at your next visit.

Call if you develop vomiting, dehydration, or unusual infections.

Set follow up to

☒  Initiate medication: In 45 days

☒  Lab request: In 90 days



Creating [prescription](#),

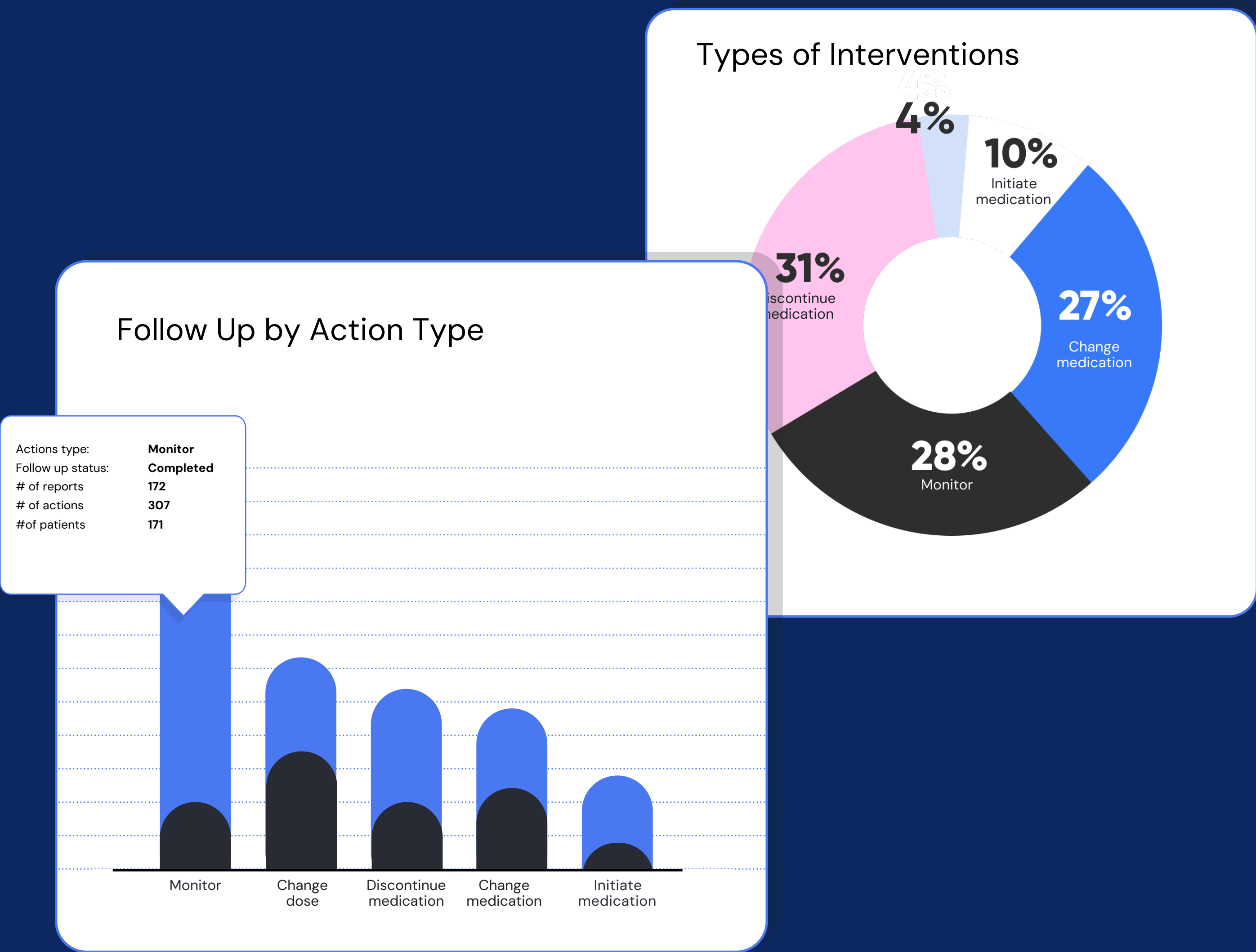
[Lab orders](#),

Follow up reminders.

✓ All done

Submit

FeelBetter Continuously Tracks Clinical, Operational & Financial Impact Across Patient Populations



Atlantic Health Implementation: Polypharmacy Patient Management



Max is one of many
high-risk patients
FeelBetter identifies

- 01 FeelBetter Flags Max's Risks Early
- 02 Actionable Interventions Optimize Max's Medication Regimen
- 03 Automated Clinical Summaries Seamlessly Integrate with the EMR
- 04 Max's Progress and Medication Regimen are Closely Monitored

Name	Risk Level	Labels	Notes	Workflow State	Status	Birth Year
Walter Henderson	99	SECONDARY PREVENTION STATIN GOAL		New	Suspended Overdue	1954
Florence Nguyen	99	DM UNCTRL W/O SGLT +3		New	Active	1940
Olivia Bennett	99	DM UNCTRL W/O SGLT +2		PCP Response	Active	1947
Ava Sinclair	99	STRONG ANTICHOLINERGIC IN ELDERLY +2		In Review	Active	1935
Optimus Max Medicus	97	DM UNCTRL W/O SGLT +5		New	Active	1944
Optimus Medicus	97	DM UNCTRL W/O SGLT +2		In Review	Active	1944
Margaret Tan	94	DM UNCTRL W/O SGLT +1		New	Active	1966
Liam Donovan	93			New	Active	1946
Dorothy Johnson	90	OSTEOPOROSIS TREATMENT OPTIMIZATION +1		New	Active	1940

From
Population
Level...

to Individualized Action



ATLANTIC HEALTH RWE

Transforming Medication Management at Scale: Unlocking Value-Based Success with Agentic AI

Anjali Kakwani, Pharm.D., BCPS, CACP

Andrew Albano, M.D., MBA

	Primary Care	Specialists	Grand Total
Atlantic ACO	555	2,399	2,954
Optimus ACO	485	586	1,071
Premier ACO	21	13	34
Total Providers	1,061	2,998	4,059

	Commercial Attribution	MSSP Attribution	Grand Total
Atlantic ACO	257,579	42,783	300,362
Optimus ACO	191,953	31,544	223,497
Premier ACO	16,497	7,179	23,676
Total Attribution	466,029	81,506	547,535



Objectives

- Define Clinical Pharmacist & Clinical Pharmacy Specialist
- Define Comprehensive Medication Management
- Describe the journey of value-based clinical pharmacy services at Atlantic Health
- Discuss the role of machine learning and predictive analytics in medication management
- Review steps & processes for partnering with artificial intelligence technology companies
- Summarize early wins and lessons learned



Collaborative Care Models
Encompassing Clinical
Pharmacists Improve
Clinical Outcomes



ELSEVIER

Contents lists available at ScienceDirect

Journal of the American Pharmacists Association

journal homepage: www.japha.org



RESEARCH

Impact of a COPD care bundle on hospital readmission rates

Moir E. Kendra, Anjali Kakwani*, Amulya Uppala, Rupal Mansukhani, Darriea K. Pigott, Maria Soubra, Jeri Jacobson, Federico Cerrone, Mary Farrell, Stephanie Chiu, Kathleen Lieder, Danielle Tonzola, Chirag V. Shah, Sibyl Cherian

ARTICLE INFO

Article history:

Received 3 June 2022

Accepted 4 October 2022

Available online 11 October 2022

ABSTRACT

Background: Chronic obstructive pulmonary disease (COPD) is one of the leading causes of mortality worldwide and contributes considerably to morbidity and health care costs. In October 2014, the Centers for Medicare and Medicaid Services introduced financial penalties followed by bundled payments for care improvement initiatives in patients hospitalized with COPD.

Objectives: This study seeks to evaluate whether an evidence-based interprofessional COPD care bundle focused on inpatient, transitional, and outpatient care would reduce hospital readmission rates.

Results: Baseline Characteristics

Table 3

Demographics of the control arm and the COPD care bundle arm

Characteristics	Control ^a (n = 189)	COPD care bundle ^a (n = 127)	P values
Admission source			
Clinic referral	11 (5.8)	16 (12.6)	0.046
Home	168 (88.9)	96 (75.6)	0.003
Skilled nursing facility	10 (5.3)	7 (5.5)	0.932
Transferred from another facility	0 (0)	8 (6.3)	0.001
Age, years, mean (SD)	74.7 (11.1)	71.9 (10.9)	0.027
Sex, female	105 (55.6)	79 (62.2)	0.24
Race			
White	134 (70.9)	94 (74.0)	0.524
Black	32 (16.9)	24 (18.9)	
Asian	2 (1.1)	1 (0.8)	
Declined/other	21 (11.1)	8 (6.3)	
Primary payer			
Traditional Medicare	120 (63.5)	63 (49.6)	0.014
Managed Medicare	34 (18.0)	31 (24.4)	0.174
Medicaid	10 (5.3)	19 (15.0)	0.007
Commercial	22 (11.6)	13 (10.2)	0.693
Charity care	3 (1.6)	0 (0)	0.277
Self-pay	0 (0)	1 (0.8)	0.402
Discharge status			
Home	147 (77.8)	107 (84.3)	0.132
Long-term care	39 (20.6)	16 (12.6)	
Hospice	3 (1.6)	4 (3.1)	
Smoker at admission	47 (24.9)	38 (29.9)	0.325
Hospitalized in the past year	80 (42.3)	58 (45.7)	0.557

Abbreviation used: COPD, chronic obstructive pulmonary disease.

^a All values are n (%) unless otherwise specified.

Reduced Hospital Readmissions

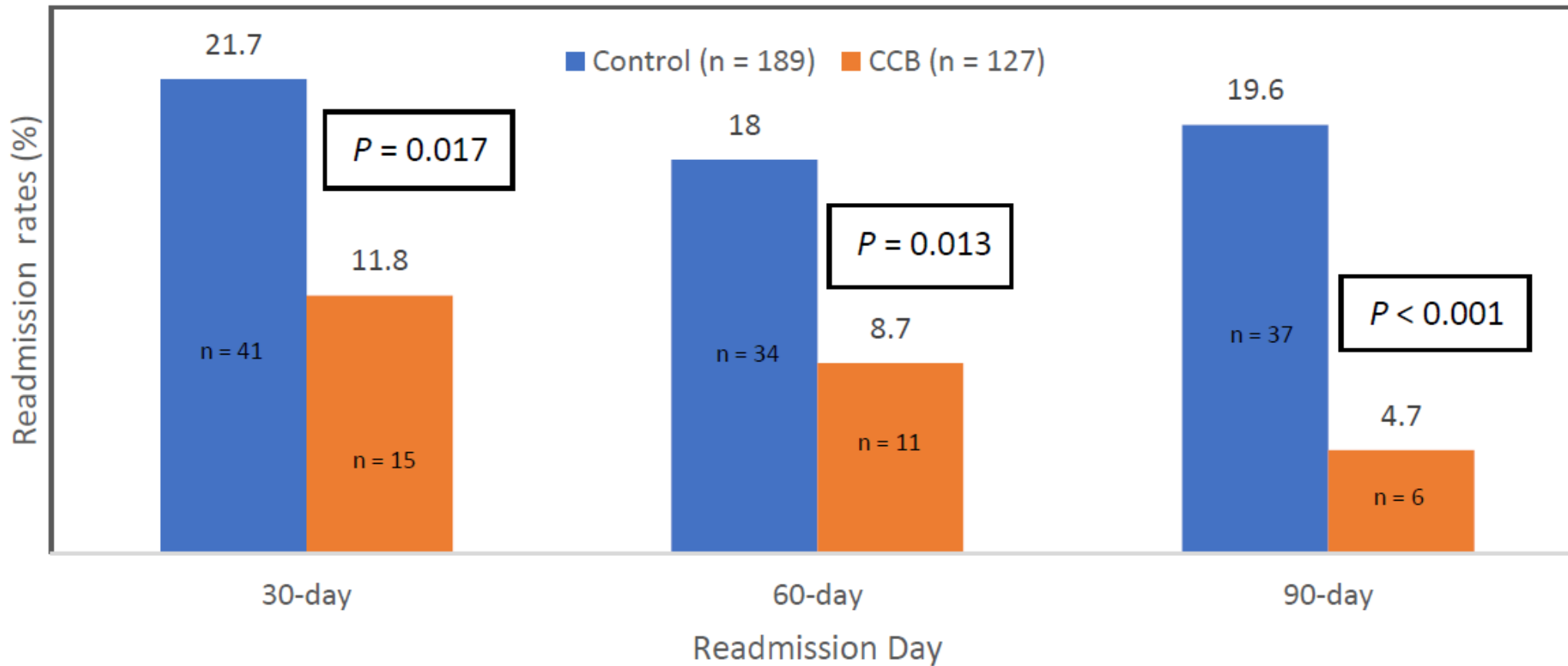


Figure 1. Primary and secondary outcomes: Readmission rates. Abbreviation used: CCB, COPD care bundle.

Secondary Outcomes: Clinical Pharmacist Interventions

Table 5

Secondary outcomes: Clinical pharmacist interventions in COPD care bundle

TOC clinical pharmacist interventions	Number of patients, n (%)	Time spent, average min (minimum–maximum)
TOC clinical pharmacist interviews	87 (68.5)	67.1 (10–220)
Disease state management	85 (66.9)	31.5 (10–90)
Assistance with access to medications	58 (45.7)	31.8 (10–90)
Medication reconciliation	65 (51.2)	32.9 (10–115)

Abbreviations used: COPD, chronic obstructive pulmonary disease; TOC, transitions of care.

Clinical pharmacists:

- Consulted with 68.5% of patients
- Spent an average total time of **67.1 minutes per patient**
- Provided **disease state management** for 66.9% of patients
- Assisted with **access to medications** for 45.7% of patients
- Identified an average of **2.8 medication errors per patient**

Statistically Significant Increase in Guideline Directed Medical Therapy at Discharge

Table 4

Secondary outcomes: Length of stay and escalation of COPD maintenance therapy

Secondary outcomes	Control ^a (n = 189)	COPD care bundle ^a (n = 127)	P values
Length of stay, days, median (minimum–maximum)	4 (1–21)	1 (1–29)	0.170
Escalation of COPD maintenance therapy			
Yes	42 (22.2)	57 (44.9)	< 0.001
No	113 (59.8)	25 (19.7)	< 0.001
No escalation necessary	34 (18)	45 (35.4)	0.001

Table 6

COPD medications at discharge

Medication class	Control ^a (n = 189)	COPD care bundle ^a (n = 127)	P values
SABA	129 (68.3)	122 (96.1)	< 0.001
SAMA	59 (31.2)	26 (20.5)	0.029
LABA	111 (58.7)	112 (88.2)	< 0.001
LAMA	85 (45)	97 (76.4)	< 0.001
ICS	116 (61.4)	92 (72.4)	0.037
Antibiotic agents	29 (15.3)	18 (14.2)	0.773
Steroids	112 (59.3)	111 (87.4)	< 0.001

Abbreviations used: COPD, chronic obstructive pulmonary disease; ICS, inhaled corticosteroid; LABA, long-acting beta agonist; LAMA, long-acting muscarinic antagonist; SABA, short-acting beta agonist; SAMA, short-acting muscarinic antagonist.

^a All values are n (%) unless otherwise specified

Clinical Pharmacists Bring *Value* to Value-Based Care

- Suboptimal medication management costs the nation an estimated **\$528 billion each year**¹
- **Integration of clinical pharmacists into value-based care teams is critical to improve medication safety and effective guideline-directed medical therapy**
- **Atlantic Health's ACO Clinical Pharmacy team** has demonstrated a **5:1 to 9:1 return on investment** over three consecutive years (2022 - 2024) through medication management²

References:

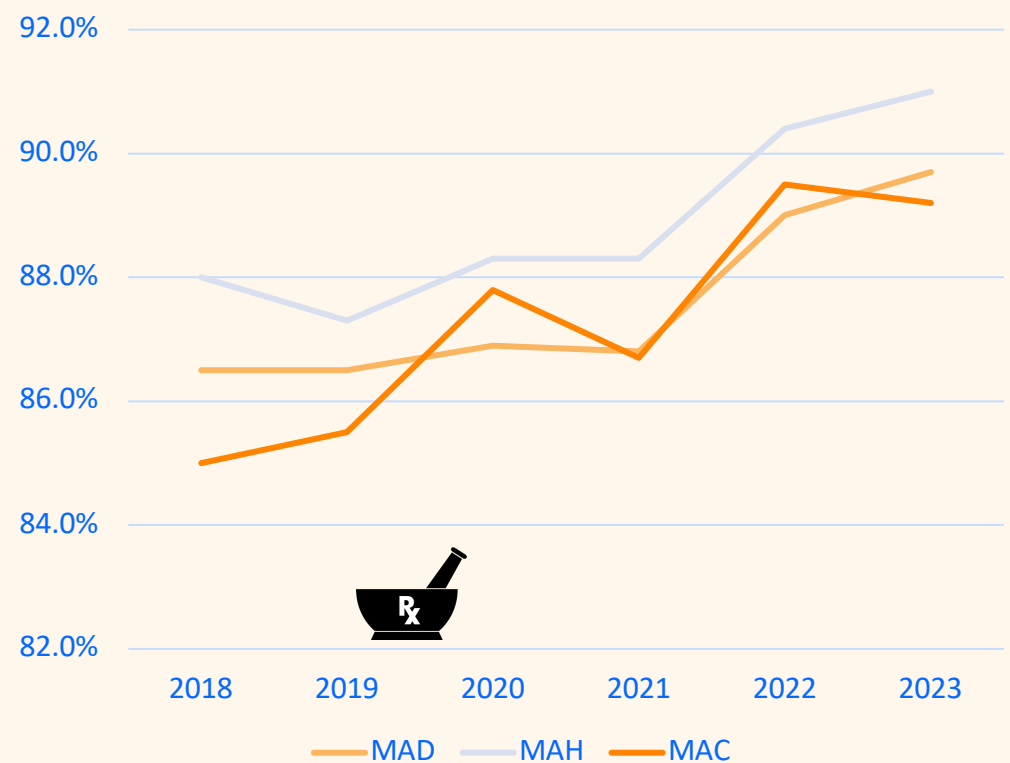
1. Watanbe et al. Cost of Prescription Drug-Related Morbidity and Mortality. *Ann Pharmacother.* 2018 Sep;52(9):829-837. <https://pubmed.ncbi.nlm.nih.gov/29577766/>
2. <https://www.horizonblue.com/providers/news/news-legal-notice/pharmacy-collaboration-leads-better-patient-outcomes-and-cost-savings>

Clinical Pharmacists Improve Medication Adherence

Nonadherence leads to 125,000 unnecessary deaths each year!

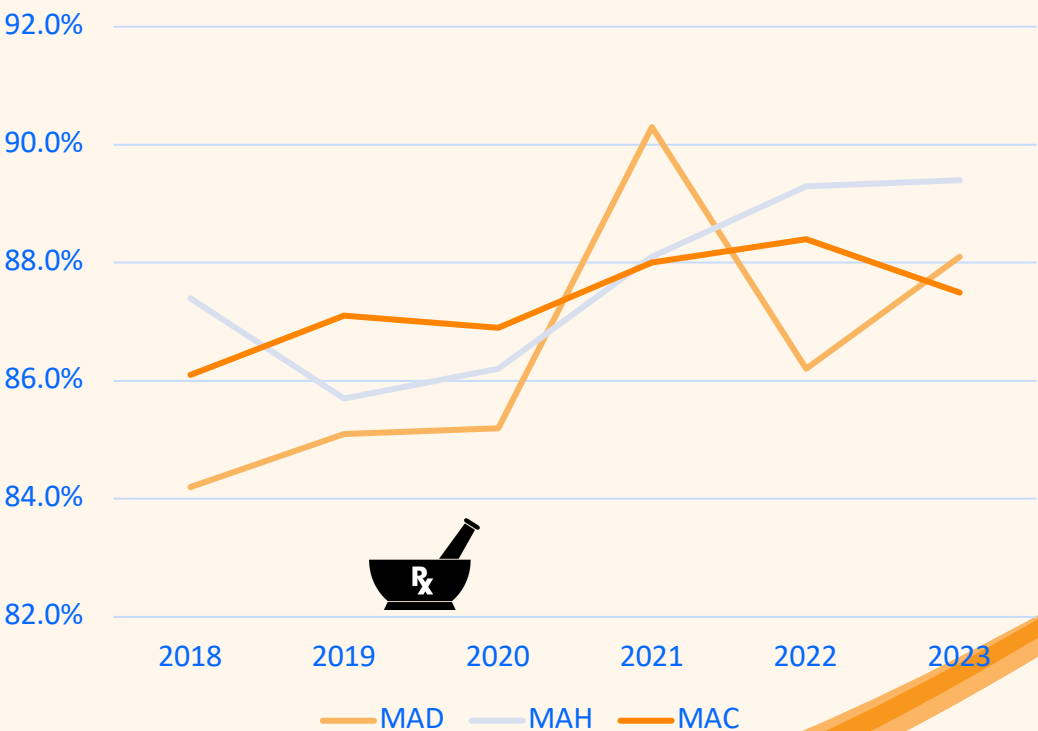
Nonadherence is estimated to cost \$300 billion in wasted healthcare resources each year!

Atlantic ACO Medication Adherence



N= 5311 Medication Adherence Opportunities in 2023

Optimus Medication Adherence



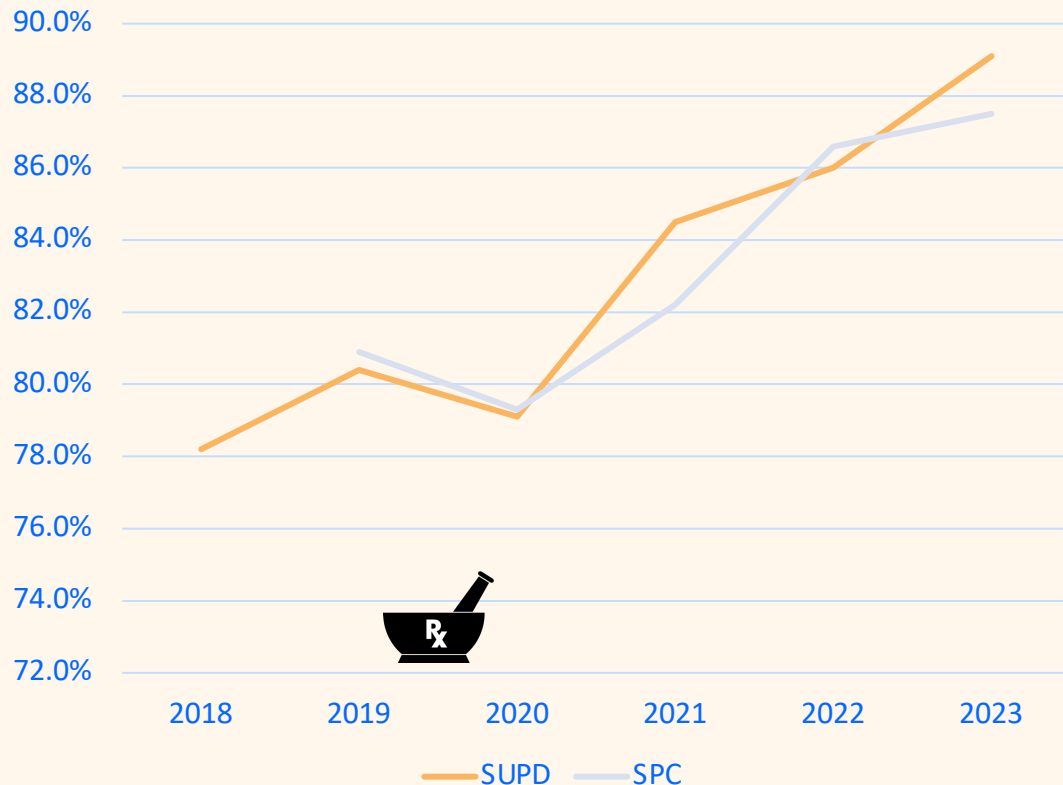
N= 2990 Medication Adherence Opportunities in 2023

1. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5317296/#:~:text=They%20calculated%20that%20improved%20adherence,a%20saving%20of%20\\$244.7%20billion.Adsfa](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5317296/#:~:text=They%20calculated%20that%20improved%20adherence,a%20saving%20of%20$244.7%20billion.Adsfa)
2. This Photo by Unknown Author is licensed under CC BY-NC

Clinical Pharmacists Improve Statin Quality Outcomes

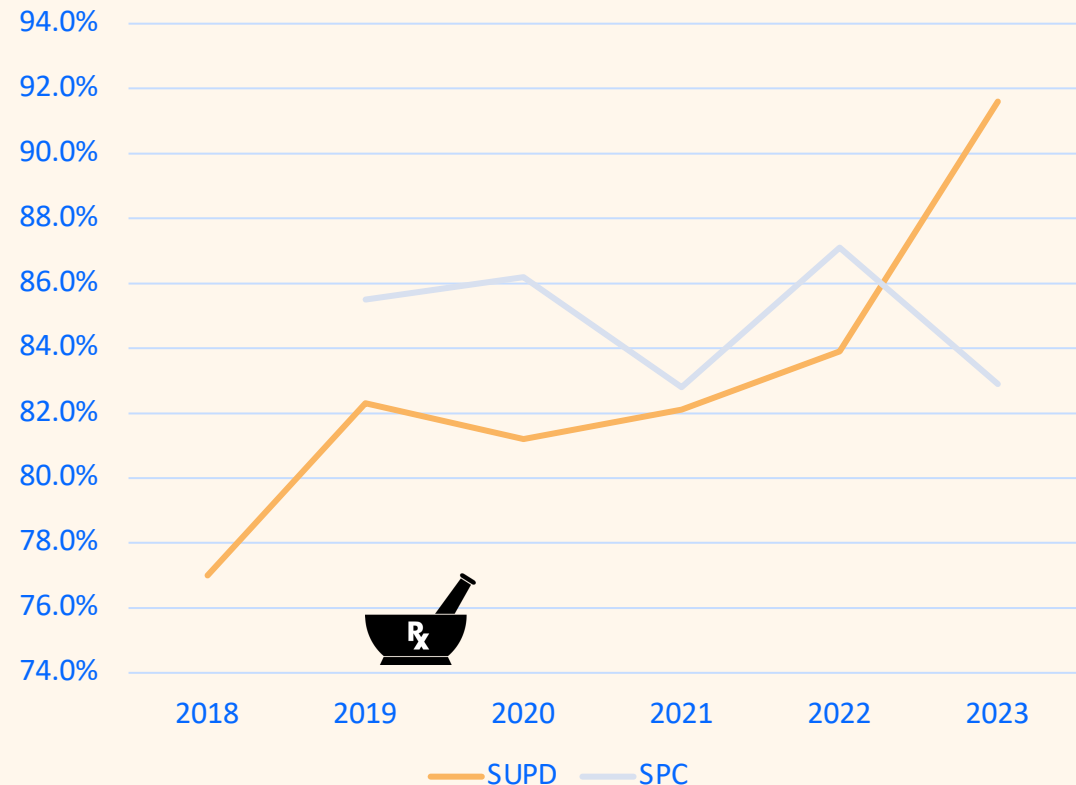
Statins for primary prevention could prevent 14,000 coronary heart disease-related deaths and ~\$1.4 billion in healthcare savings each year!

Atlantic ACO Statin Quality Measures



N=690 Patients with Statin Opportunities in 2023

Optimus Statin Quality Measures



N= 416 Patients with Statin Opportunities in 2023

- <https://www.ahajournals.org/doi/full/10.1161/CIRCOUTCOMES.120.007485#:~:text=The%20use%20of%20statins%2C%20hydroxymethyl%20glutaryl%20coenzyme%20A,b%20y%2019%25%2C%20and%20ischemic%20stroke%20by%2016%25.%206>
- <https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.110.986349>
- Photo: [This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)



Implementation of AI into Medication Management

- Strong Internal Foundation
 - Clinical Pharmacy Team & Services
 - Provider Trust
 - Key Stakeholders & C-Suite
- Strong AI Partner
 - Understands Medication Management
 - Adaptability
- Legal & Regulatory Compliance
- Data Security & Privacy
- Interoperability & Integration
- Validation
 - Data sources & analytics
 - Clear metrics



Implementation of AI into Medication Management

- Collaboration
 - Technology should be user-friendly & intuitive
 - Allows for feedback on enhancements
- Training & support should be ongoing
 - Ensure effective use of technology
- Outcomes Analysis
 - Operational efficiency, cost of care, clinical outcomes
- Scalability
 - Ensuring AI solution can scale, allow for growth
 - Sustained quality and clinical outcomes
- Ethical considerations
- Partnership Alignment
- Long-Term Journey & Roadmap

Atlantic Health ACOs Enhance Medication Management through AI & Predictive Analytics

Improved Clinical Pharmacist workflow

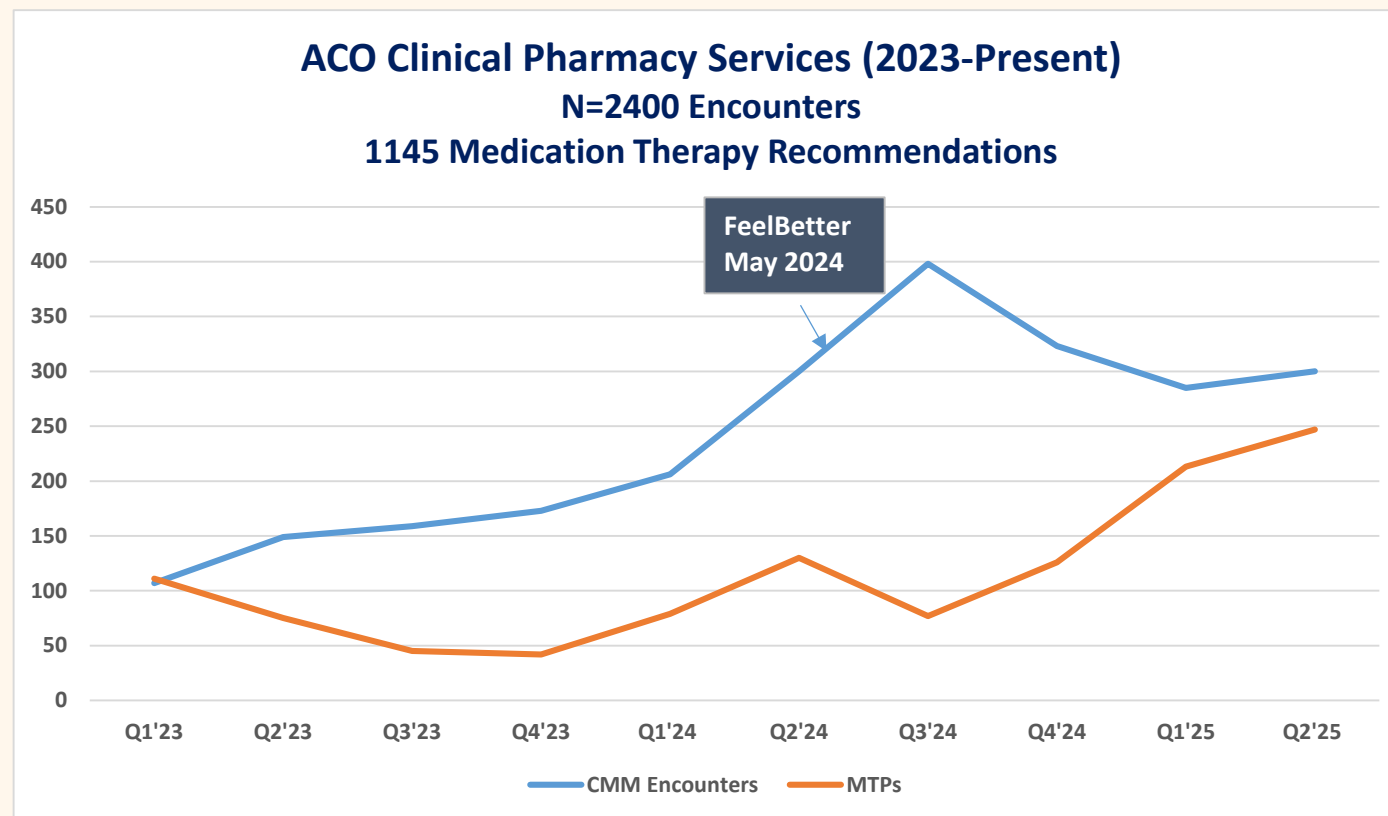
- 1.5-fold increase in patient encounters

Improved Medication Safety

- 2.1-fold increase in medication therapy recommendations
- Improved identification of adverse drug events

Evaluate Patient Outcomes

- Clinical Outcomes
- Acute care utilization
- Total cost of care



Empowering Clinicians & Patients through Generative AI

- **Use data to predict** diseases before they happen.
- Providers and care teams must understand how to use **proactive, personalized solutions** that address the root causes of diseases, and the patient distress that leads to nonadherence with managing the disease
- This requires use of **ongoing personalized narratives and monitoring of patients** – not just when they are in the examining room
- Remote patient monitoring (RPM), sensors, and chronic care management (CCM) can provide **data and feedback** for management
- AI-Agent technology (AI Chatbots, AI Navigators) can help **empower** the patient, **unburden** providers, and provide **evidence-based** clinical education



Image from: https://miro.medium.com/v2/resize:fit:1200/1*DV6W1KtbLL7jQ6I4MzkLMw.png


Conclusions

- Clinical Pharmacists & Clinical Pharmacy Specialists bring **value**
- Improving evidence-based guideline directed medical therapy, disease state management, education, medication adherence, access to medications, and patient & medication safety
- Partnership with healthcare AI companies is critical to scale value-based clinical pharmacy services
- AI solutions such as agentic AI & machine learning optimize workflows & support clinicians & patients

Sometimes You Need Trusted AI to Answer Pharmacotherapy Questions About Your Patients









MedBuddy

AI Pharmacotherapy Assistant

Ask anything about the patient's medical records

@ Patient's general overview

 Recent changes





MedBuddy
AI Pharmacotherapy Assistant



What's changed medically for Max Johnson since his last visit?

Over the last three months, Mr. Johnson has shown a Sodium level below normal range, for which no treatment has been initiated. He also visited the clinic for dizziness (September 9th, 2025) and has been prescribed Tobramycin ophthalmic ointment for an unspecified eye condition (September 16th, 2025).

Additionally, he was diagnosed with pneumonia in January 2025 and has been experiencing otorrhea, for which he was prescribed Ciprofloxacin otic solution in October 2025.

Recent lab highlights include a Hemoglobin A1C of 10.5% (July 4th, 2025) indicating poor diabetic control, elevated Microalbumin/Creatinine Urine of 220 mg/gr (December 24th, 2025), low Iron of 57.1 ug/dL (October 8th, 2025), low Vitamin D of 13.7 ng/ml (March 26th, 2025), and low White Blood Cells (WBC) of 3.58 K/UL (October 8th, 2025).

He was last hospitalized in September 2023 for general surgery.

Would you like to see the top 2 high priority pharmacologic recommendations?

Yes|





MedBuddy
AI Pharmacotherapy Assistant



Yes

Great, several high-priority concerns have been identified. Here are the top two:

1. He is taking both Doxazosin and Alfuzosin, which is a therapeutic duplication. He is potentially experiencing adverse effects (dizziness) from either of these medications or the combination. Discontinuation of one of these alpha-1 blockers is recommended.

 Supporting data

2. His Apixaban dosage may be too low given his age, weight, and creatinine levels, and increasing the dosage to 5mg twice daily should be considered.

 Supporting data

Would you like to deprescribe Doxazosin and create a new prescription for Apixaban 5 mg BID?

Yes, but deprescribe Alfuzosin. |





- Delivers **comprehensive patient context** from multiple data sources in seconds
- Surfaces patient findings and **recommended interventions**
- Uses agentic AI to generate **personalized summaries, prescriptions, and follow-ups**



Clinicians are a vital but limited resource in every organization.

Supercharge Your Clinical Expertise with FeelBetter





Trusted AI-Powered Pharmacotherapy Partner

Early Access Beta – Q1 2026

**RESERVE
YOUR
SPOT**



THANK YOU!

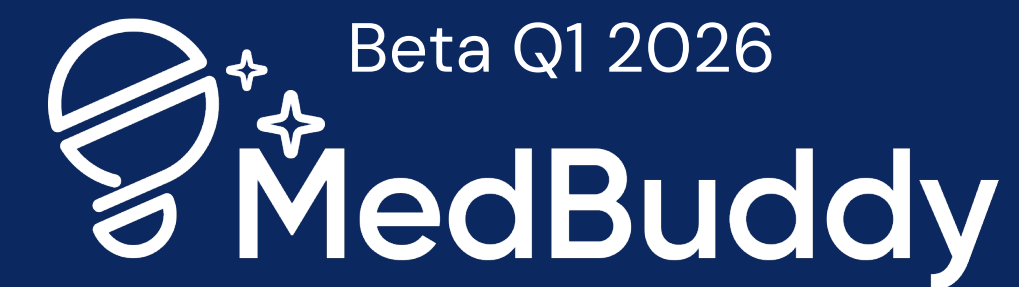
www.feelbetter.healthcare | Info@i-feelbetter.com



MEET US
@ Booth E



RESERVE YOUR SPOT



*Scan Here to
Reserve Your Spot Today*