

Shantanu-Baruah-President-and-Global-Head– Healthcare-Life-Sciences-and-Insurance-and-Head- North-America-Hunting-AI-day-Session-7

Good afternoon, and I'm super excited to welcome you back again to this event. My name is Shantanu Baruah, and I joined Hexaware about a year back. I have two roles. My first role is I manage the health care and insurance vertical globally for Hexaware. And I've also recently assumed the hunting head role for North America. Now, today in this session, I'm going to talk more about AI for business. In the morning session, you must have heard Keesh talking about our overall zero friction enterprise strategy. And then all my colleagues talking about the six different lanes we have within the six zeros that we have created. We're going to pivot a little bit in this session now. We're going to go from AI for IT to AI for business. I'm going to talk about how we are bringing differentiated solutions to solve true industry grade problems.

As Keesh has said in the morning, that there are two aspects of getting into AI for business. Number one is solving really hard and complex problems for our businesses. And number two, if you do it right, we believe we can open new markets. When I say open new markets, think of that in two different lanes. One is for the kind of clients we provide services today, there are business units we have never provided services before. So, with this new wedge, we are getting into those lanes to open new business units within the client space that we operate and work on. And second one is opening new markets all together, which will also include things like operating in client's businesses and creating different solutions in that space. I'll take one example just to provide the context of this, how it all comes together. We work with one of the top four audit firm, and they have in the old times the traditional CRM, you know, the passive CRM, the reactive CRM. So, in other words, a sales guy goes out in the market, he sees an opportunity, he or she will log that opportunity into the CRM. And then you come back, you bring in a team together, provide a solution and go back and forth. And CRM is more of a system of records. Now understand that in an audit firm, selling is a very domain-intensive work. You need to understand the financial belongings or the kind of services they're offering, which are very, very different and not the run-of-the-mill kind of work. What we did for them was creating a proactive CRM. So think of an ambient listening agent along with the salesperson right there when he's having the conversation. As the person is having the conversation, the agent is listening and acting, and it will pop up by saying that, look, the topic this gentleman is talking about, I have a knowledge expert in the company who is, by the way, valuable now. You want to bring him to bring him on the call right now. And if the salesperson decides that person can come on board, they can have a conversation, you are creating solutions on the fly. And for them, you can see the results already up there. Their pipeline increased by 75%. Their conversion rate increased by 25%. And this is for one of the top four audit firms that we have done. Again, never imagined before, done in a very differentiated way, pulling in all of the AI elements together.

Now, I represent the healthcare insurance vertical. I'm going to take two examples just to demonstrate that. My humble submission to you would be both of these we are going to showcase in our booth. So, once you come in there, please come and see the things in action

as well. Now, the first one I'm going to talk about is known as DDF. I'll break it down very simple as digital document flow. So you know that in a pharma company, a pharmaceutical company, who are into drug discovery, to take a drug out to the market, it takes anywhere between 15 to 25 years. There are different phases to it, but there's a very critical phase which is standing between them and a really profitable product out in the market, which is clinical phase 2B. In a clinical phase 2B, what happens is you have to deal with real life patients. So you need to recruit patients of ages, of different ethnicity, of different background, different age limit, gender, so on and so forth. So, when those patients are recruited, you need to now do your drug administration in a very, very controlled manner over a period of time, sometimes running for years. Those data has to be collected back, put it in different systems, and those data has to then go to FDA in the case of U.S., EMA in case of Europe, for example, and they will evaluate that and based on the efficacy, they can get approval or a site note. The whole process, if I take a sliver of that, is known as protocol management. You have to write a protocol which is hundreds of pages, and those protocol has to be set up for different clinical system, statistical analytical system, clinical data management system. The whole process, can you imagine, takes about six months. Now imagine you have a live molecule which can truly save human life. You have maybe a billion dollar product waiting to go to FDA, but you're taking six months just to set up. You can't even do a study without this setup. What we have done is using the solution, the six months exercise can be done in days. Now I was talking to one of you during the break, and I was taking this example. This is a live example of how we have penetrated into one of the top three pharma companies in the world. They actually call for a hackathon, and this hackathon was not called by the CIO organization. It was called by the head of clinical organization to solve business problem. Seventeen suppliers were called, who is who, in the IT industry, as well as Bay Area product startups, to solve this problem that can you reduce this to days. And I'm very happy to let you know that we not only created the solution, but we came number one, and we're going to execute this for them. And that's not where the story ends. We replicated this already in three other accounts as well. That's the mode we are creating. Our team is very domain focused. The team that we are creating is they understand, in this case, life science industry end to end.

Then we know the business process, what problem to solve, create the solution using the different elements that my team spoke about, bringing it all together, and creating an impact. My last example that I want to take, by the way, please stop by, you can see this in action when you come to the booth, is CCD. Again, not only in IT, I think we are notorious in the business world as well to use three letter acronym. So CCD stands for Care Continuity Document. If you ever visited US, one thing you must have realized, God forbid if you have not gone to a hospital, but if you know that seeing a doctor is a longish period of time it takes, why? Because you're waiting for the doctor to see the other patient, and must be wondering why this doctor is taking so much of time, because they will document a lot. Why do they need to document? For various reasons. One, in the US ecosystem mostly, you're not paid directly by the patient who is walking in. So, they're going to see the patient, there's an insurance card, which is now true in India as well, and that insurance is going to pay you. Now for the insurance to pay, you need to write the entire episode of what happened with the patient. Doesn't matter if you're making a regular visit, doesn't matter if you're making a visit for a specialty services, outpatient, inpatient, surgery, everyone has to write something on a CCD. They write this, and that goes into a system, doesn't matter the name, Epic or a Centre of the World, if you know those are the ERPs of provider hospital world, and those documents

actually are sent to the payer. Payer will diagnose that document and pay. There are three problems with this. Number one is fraud, waste, and abuse. If you have heard the Golden Rush problem two years back in the U.S., some rogue people, you know, they bought a lot of private practices and created false documents like CCDs and got about \$100 million siphoned out, a lot of people. And they're still trying to recover how much they can from that, right? So, fraud is one, abuse is another one, and waste is another one. X-ray has been done while you are again ordering an X-ray, for example, a CT scan again you're ordering. Abuse could be up code and down code.

I can do it with a simple thing while I'm doing more, things like that. Second is patient health itself. Can I have preventative care for the patient through the CCD? Can I learn to see that what they have done over a longitudinal data time? And third is the payment itself, can I pay or not, right? This is also time-consuming for payer. We have solved that problem using an SLM engine. We have created a small language module, which you can see when you come a part of that, where you can consume, subsume all this document, bring it all together in a longitudinal view. It will find out whether there's a fraud case or abuse or wastage case.

It will also tell you that what you can pay, what are flagged cases, and it can also tell you that what kind of care continuum you can do for the patients so that the patient can get into a care path and hence in the future your price will go down. That's the kind of solutions we are creating for our clients today, and please stop by to see that.

Today, standing here, I feel very confident of what we have created. The solutions we are creating in the AI space, I have taken two, but if you see the book that has been given here, this has a section on life sciences and healthcare as well. There are 238 AI use cases we have created for our client in my domain. I'm sure my other friends have similar use cases which are creating differentiated solutions. Using this, we believe we are going to dominate this market. Thank you again for listening, and with that, I want to call upon my dear friend and colleague, Iravi, to talk about his vertical TPP. Over to you, Iravi.