MODEL MY CONTEXT

More time for the patient, less administration.

AI workflow automation — with you in control

Pharmacy Care · EN

Why now?

You know the scene: a full counter, the phone ringing, and meanwhile sorting out a medicine shortage costs your team hours. Pressure is rising and the admin piles up. You want to stay ahead and free up time for the patient — whether you run a chain pharmacy or a compounding pharmacy — without handing over your data and control. Not adopting AI is not an option; a flawed implementation can be harmful. The question is not whether, but when you prepare your pharmacy for the future. This document outlines the developments, the processes that lend themselves to it, and how you discover it risk-free in a contained pilot.

Market developments

- **Medicine shortages eat up time.** Pharmacy assistants spend on average **16 hours per week per pharmacy** resolving shortages (Nivel; Pharmaceutisch Weekblad, 2025).
- **The government aims to halve administrative time** in pharmacies (parliamentary letter on primary pharmacy care, June 2025) — AI support fits directly with this.

Labour market in figures (pharmacy care). Three quarters of community pharmacies had a shortage of pharmacy assistants over the past year, one in three a shortage of pharmacists; the assistant shortage is expected to grow from 1.5 to **1.9 FTE** per pharmacy (Nivel, 2025). Absence is high due to workload and aggression at the counter. AI support targets the routine and look-up work, so your team keeps time for the patient.

Key challenges

The core challenge is clear: improve your service with AI **without losing control**.

- Shortage of assistants and pharmacists, while workload rises.
- Medicine shortages, repeat prescriptions and look-up work eat up time.
- Adopting AI without handing over patient data or control — demonstrable and safe.

Laws and regulations are stacking up.

- **GDPR** — lawful processing of (special-category) personal data. Dutch DPA
- **NEN 7510** — information security in healthcare. NEN
- **Medicines Act & GMP** — safe (compounding) pharmacy; inspectorate oversight. IGJ
- **AI Act** — phased; for healthcare applications, extra requirements apply to high-risk AI. European Commission

Common workflows

The same patterns recur, in chains and compounding pharmacies alike:

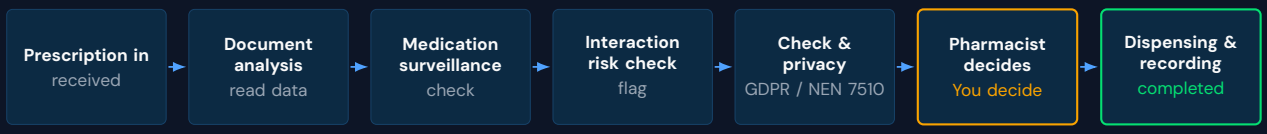
- Prescription processing and verification
- Repeat prescriptions
- Medication surveillance (interactions and contraindications)

- Resolving medicine shortages and alternatives
- Claims to health insurers
- Stock management and compounding records

MMC works modularly. We don't support a single workflow, but build out a growing set of processes step by step — at your own pace, always with human control.

Where AI supports

Within a process, AI supports the repetitive steps while your people decide:



With you in control. Works alongside your existing systems (no rip-and-replace), with human final control, your data local and under your own control, and no vendor lock-in.

The MMC approach: the pilot

We work modularly, step by step. Together we take one process; you invest minimally, we do the heavy lifting:

1. **Together** — we pick one concrete process.
2. **You** — an intake of about an hour, plus limited additional information.
3. **We** — analyse your process and build a working version.
4. **Together** — we test on your own data and discuss the outcome.
5. **You** — decide whether and how to proceed. No obligation.

Is your pharmacy a fit?

Recognition is often a good gauge. This fits if you deal with:

- much recurring administration (prescriptions, claims, registration);
- a lot of look-up work around medicine shortages and repeat prescriptions;
- strict privacy and quality requirements;
- high workload and long waiting times at the counter;
- a shortage of assistants or pharmacists.

Start a pilot

Discover which workflow in your pharmacy is the first fit for AI Workflow Automation. Start a pilot and experience how it works on a real process of your own — no obligation, with you in control.

"A system is not the sum of its parts, but the product of the interactions between them. That is why we don't model the individual steps, but the outcome that matters."

-- Arjan Noordhoek, founder & CEO, Model My Context

Sources: Nivel & Pharmaceutisch Weekblad (pharmacy staff shortage; time spent on medicine shortages, 2025) · KNMP (pharmacy labour market) · parliamentary letter on primary pharmacy care (June 2025) · GDPR: Dutch DPA · NEN 7510: NEN · Medicines Act/GMP: IGJ · AI Act: European Commission. Figures/regulation may change; verified June 2026.