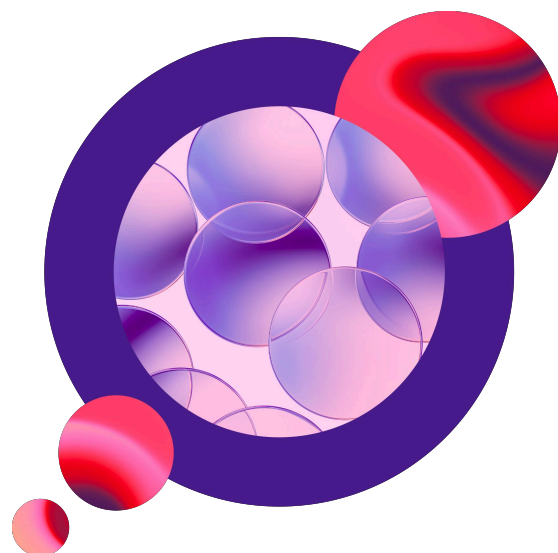


Autonomous service in Life Sciences.

**Without service architecture,
AI will not scale.**



Fragmented service creates friction and drives up cost-to-serve

Patients, HCPs, customers and field teams expect service that is fast and easy to navigate. Too often, the experience feels fragmented: people switch channels, repeat information and wait while internal teams coordinate behind the scenes.

Inside many Life Sciences organisations, service is split across medical, commercial and support functions. Systems do not share context. Workflows still depend on manual handoffs. The result is higher cost-to-serve and slower resolution.

AI has become a central investment priority. Expectations are high: automate service, reduce workload, improve responsiveness. Yet many initiatives stall because the service model underneath was never designed for AI at scale.

AI does not fail because of capability. It fails because the service architecture underneath is not ready for it.

Autonomous service needs a connected architecture where data, decisions and workflows can move across the organisation with the right controls in place.

What we mean by service architecture

Service architecture is not the technical backbone alone. It is the design of how service works across people, processes, data and systems. It defines how journeys flow, how work is routed, how context is shared between CRM, ERP, case, knowledge and service platforms, and where compliance is built into the way service runs.

IBM iX

Turning fragmented service into a connected operating model

The real constraint often sits below the AI layer.

In many Life Sciences environments, channels operate independently. CRM, ERP, case and knowledge systems hold different parts of the story. Routing and escalation still rely heavily on manual coordination.

In that setup, AI supports with individual tasks. It can summarise a case, classify a request or support an agent. What it cannot do is improve the full service experience if the surrounding model remains disconnected.

Moving toward autonomous service requires a more connected operating model:

- Journeys that connect HCPs, patients, customers and field teams
- Shared context across CRM, ERP, case, knowledge and service platforms
- Workflows with clear ownership, routing and escalation paths
- Compliance embedded in the process from the start

When these elements line up, AI becomes operational – not experimental.

How leading organizations build connected service architecture with IBM iX

Life Sciences organisations are removing the structural barriers that keep AI from scaling. They look at service as one connected system and redesign the foundations that determine whether AI can act with context, trust and accountability.

Autonomous service in Life Sciences.
Without service architecture, AI will not scale.

IBM iX supports this shift across strategy, experience design, platform architecture and implementation. In practice, this means:

- Map current journeys, systems, handoffs and pain points to understand where service breaks today
- Assess service maturity and identify the architecture gaps that prevent AI from scaling
- Redesigning journeys and workflows to reduce friction and improve resolution
- Create shared data context across CRM, ERP, medical, case, knowledge and AI platforms
- Embed AI into workflows with clear routing, human oversight and compliance from the start

The result is a connected service architecture where AI works with full context and autonomous service becomes reliable, scalable and measurable.

Organisations leading this shift already expect +64 % ROI and +45 % operational efficiency by 2027.

IBM Institute for Business Value

Why now and where to start

The potential of autonomous service is clear. Large parts of service work can already be supported by AI, and expectations for touchless interactions are rising fast. Execution is where most organisations struggle.

Fragmented journeys, systems and workflows make it difficult to move from isolated use cases to scalable impact. IBM iX helps you define where to start. Our Service Assessment provides clarity on:

- Where fragmentation limits service performance
- Which architecture gaps block automation
- How a connected service model should work
- Which AI-enabled use cases to prioritise first
- What roadmap is needed to move from assessment to implementation

Autonomous service is not an AI challenge. It is an architecture decision.

If this is on your agenda, we should talk. IBM iX can help you understand where you stand and how to move forward.

5 day strategy sprint (9,900 – 19,900 EUR)

Before

(reactive and fragmented):

A lab reports repeated quality-control failures on its analyser and calls the hotline. The ticket arrives with little context. The system cannot connect the issue to the instrument's service history, the reagent lot in use or similar faults reported by other labs. The case moves between support, field service and logistics. Each lab experiences the problem separately, and each one waits for resolution.

After

(proactive and autonomous):

Now the cases connect. When one lab reports a quality-control failure, the system traces the issue to a specific reagent lot and identifies other labs that received the same batch. Before those labs run into the same issue, the service model responds: a replacement lot is routed, a field engineer is booked where needed, and validated corrective steps are sent to each lab based on its specific instrument.

This is not full automation without oversight. A workflow manager or experienced service expert steers the system. They define what can be resolved automatically, what requires review and where clinical, compliance or financial risk needs human judgement. AI handles coordination at scale. The expert sets the boundaries and stays accountable for the outcome. One reported fault can be contained across the network, with human oversight where it matters.

Get in touch



Mark Ehlers
Account Executive
mark.ehlers@ibmix.de



Oliver Keigel
Client Partner Life Sciences
oliver.Keigel@ibmix.de



Denis Wildschütz
Advisory Lead Life Sciences
sandra.gemeinhardt@ibmix.de

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