CHAPTER 3:

Critical drivers for success in value-based care

And how AI supports them

Traditional AI **provides insights** but requires human action; generative AI **creates content**; agentic AI **autonomously plans and acts**

Agentic AI operates through perception, decision-making, action, and learning cycles

Healthcare's complexity requires **orchestration**, not rigid automation, which is exactly where Pega excels

The *five* critical drivers

1 Care coordination

Consistently high-quality, efficient outcomes for Value-based care depend on seamless coordination across primary care, specialists, hospitals, post-acute facilities, social services, and community resources. A patient's journey might involve dozens of touchpoints, each requiring timely communication, proper handoffs, and follow-through.

How Agentic AI supports this:

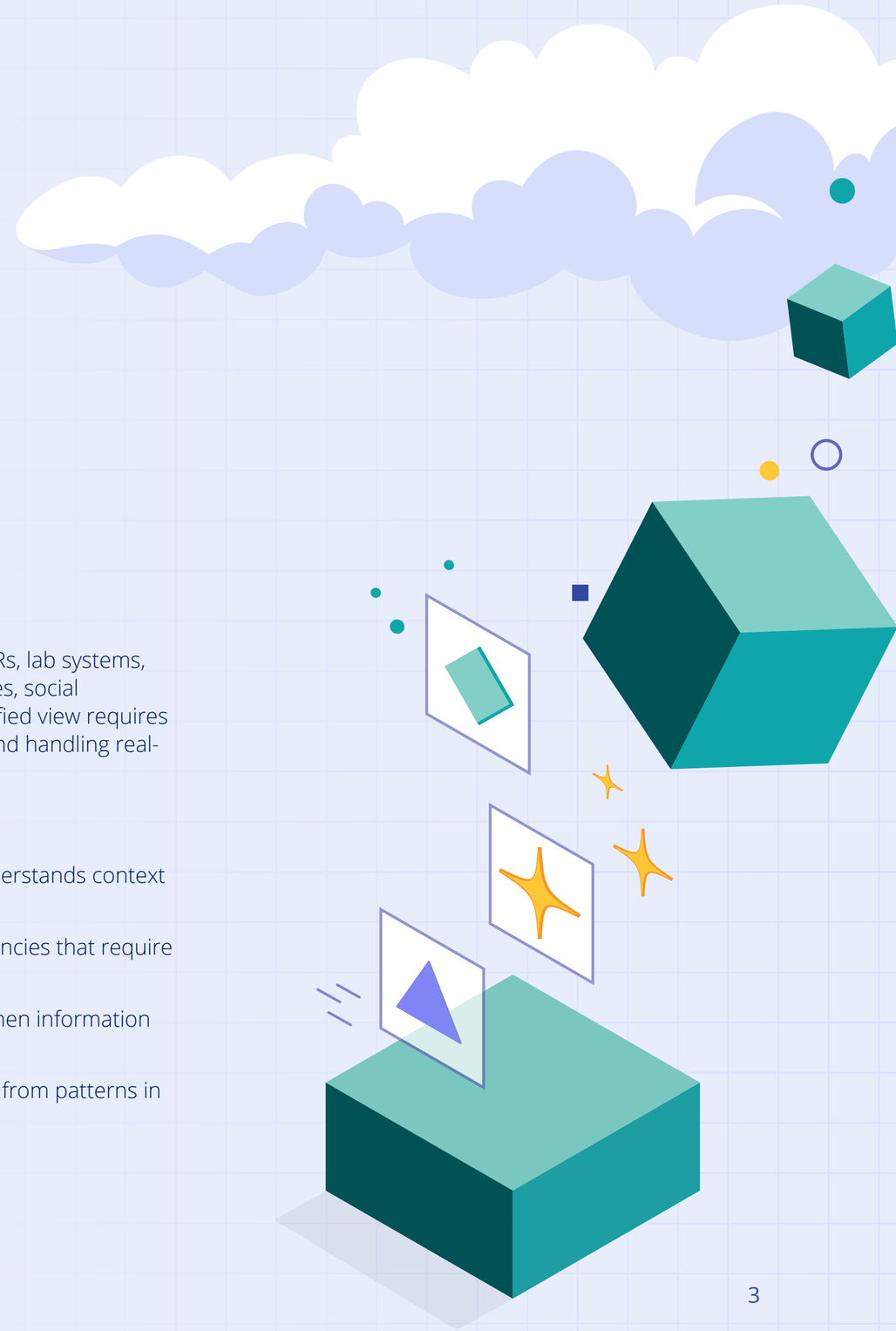
- Automatically triggers workflows when care gaps emerge (missed appointments, overdue screenings, medication non-adherence)
- Routes tasks to the appropriate care team members based on acuity, specialty, and availability
- Monitors transitions of care and flags when follow-up doesn't occur
- Aggregates information from multiple sources to provide comprehensive member context

2 Data interoperability

Healthcare data lives in silos: claims systems, EMRs, lab systems, pharmacy networks, health information exchanges, social determinants of health databases. Creating a unified view requires normalizing data models, reconciling identities, and handling real-time and batch data updates.

How AI supports this:

- Acts as an intelligent integration layer that understands context across disparate systems
- Resolves data quality issues and flags discrepancies that require human review
- Continuously monitors data feeds to detect when information becomes stale or systems go offline
- Enriches data by inferring missing information from patterns in historical records



3 Patient engagement

Outcomes depend on patient participation. Members need to attend appointments, take medications, follow treatment plans, and engage with preventive care. Traditional outreach struggles with scale and personalization – care coordinators can only engage with so many people per day.

How AI supports this:

- Proactively reaches out through members' preferred channels (SMS, email, phone, portal)
- Personalizes messaging based on health literacy, language preference, and prior engagement patterns
- Detects when members aren't responding and escalates to live outreach
- Provides timely education and resources when members have questions or concerns

4 Quality measurement and reporting

Value-based contracts are measured on quality metrics: clinical outcomes, patient satisfaction, process adherence. Reporting requirements are complex, often involving HEDIS measures, CMS Star Ratings, or custom contract terms. Manual measurement is error-prone and delayed.

How AI supports this:

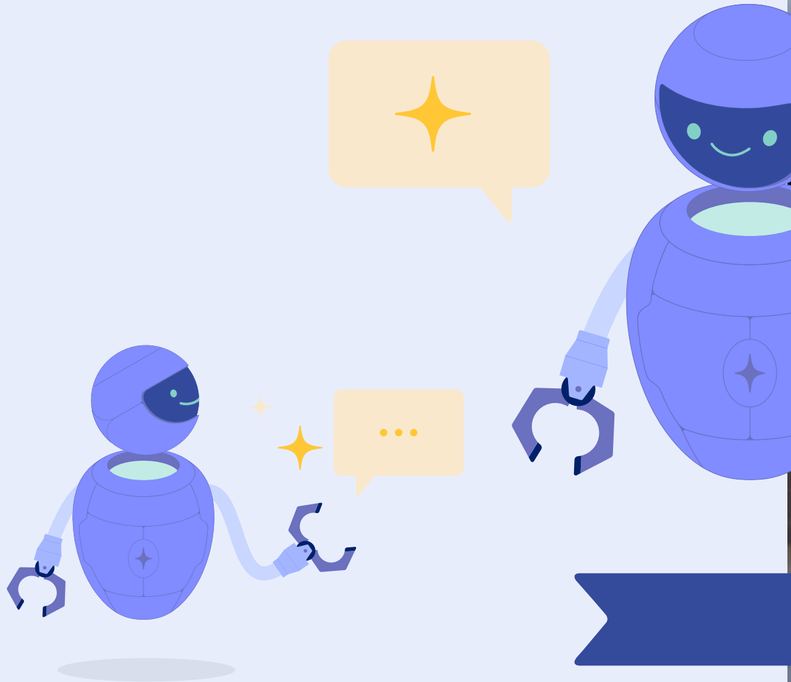
- Continuously calculates quality measures in real-time rather than waiting for quarterly reporting
- Identifies which members are close to meeting quality thresholds and prioritizes outreach accordingly
- Automates chart reviews and documentation verification using natural language processing
- Generates reports for payers, providers, and regulators with audit trails

5 Financial alignment and contract management

Managing shared savings, shared risk, bundled payments, and capitation requires sophisticated financial tracking. Attribution logic (which members belong to which provider), risk adjustment, and performance reconciliation are incredibly complex when done manually.

How AI supports this:

- Automates member attribution and re-attribution as patients change providers
- Tracks performance against contract terms in real-time
- Models financial scenarios to forecast shared savings or losses
- Identifies opportunities to improve margins through better care delivery



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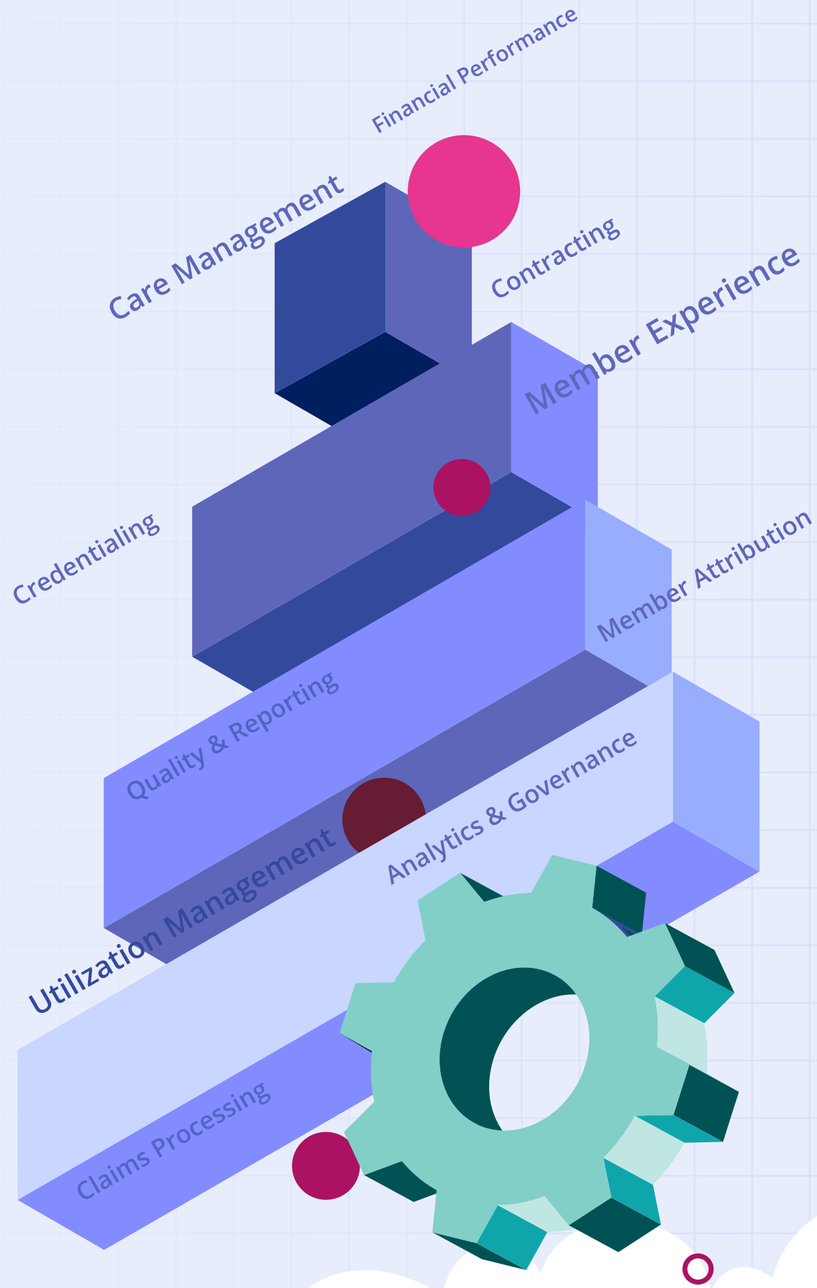
Mapping Agentic AI to the value-based *care workflow*

Understanding how agentic AI applies across the entire payer workflow is essential. Healthcare organizations can think about this using the Pega pyramid model: Decisioning, Workflow, Dynamic Data Definitions (DDD), and Case Management. This architecture allows Agentic AI to orchestrate across all operational layers.

Key process areas

Contracting	→	Intelligent contract review, automated term extraction, risk assessment
Credentialing	→	Automated provider onboarding, verification, and ongoing monitoring
Member Attribution	→	Dynamic assignment logic based on encounter patterns and panel capacity
Care Management	→	Proactive agent-led interventions for chronic conditions, transitions of care
Utilization Management	→	Prior authorization triage, medical necessity determination, appeals management
Claims Processing	→	Autonomous claims adjudication, exception handling, payment accuracy
Analytics & Governance	→	Real-time performance dashboards, anomaly detection, compliance monitoring
Member Experience	→	Personalized engagement, preference-based communication, satisfaction monitoring
Quality & Reporting	→	Automated measure calculation, gap closure campaigns, regulatory submissions
Financial Performance	→	Shared savings reconciliation, trend analysis, forecasting

AI doesn't just improve individual processes – it orchestrates across them. A member's missed appointment might trigger care management outreach, free taxi or Uber rides for appointments, update quality measures, affect financial projections, and generate analytics for leadership-all automatically.



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