PEGA

BEYOND INSIGHTS

How Agentic AI is accelerating value-based care transformation

A Strategic Guide for Healthcare Leaders

Executive summary

With 61.6% of healthcare costs now tied to value-based care contracts*, the industry faces a fundamental challenge: these complex arrangements are often managed through spreadsheets rather than modern, sophisticated software solutions. This represents perhaps both the biggest business transformation in healthcare and an extraordinary opportunity for organizations to orchestrate complexity at scale.

This ebook explores how agentic AI – artificial intelligence that can reason, plan, and act autonomously – is transforming value-based care from a theoretical payment model into an operational reality driving improved health outcomes. Unlike traditional AI that provides insights requiring human interpretation, agentic AI takes action on complex workflows, enabling healthcare organizations to scale care delivery and engagement in ways previously impossible.

Value-based care isn't just about changing payment models – it's about orchestrating highly complex data across fragmented systems, managing relationships with multiple providers and members, and tracking outcomes across patient journeys that span months or even years. This is precisely where Pega's orchestration capabilities excel.

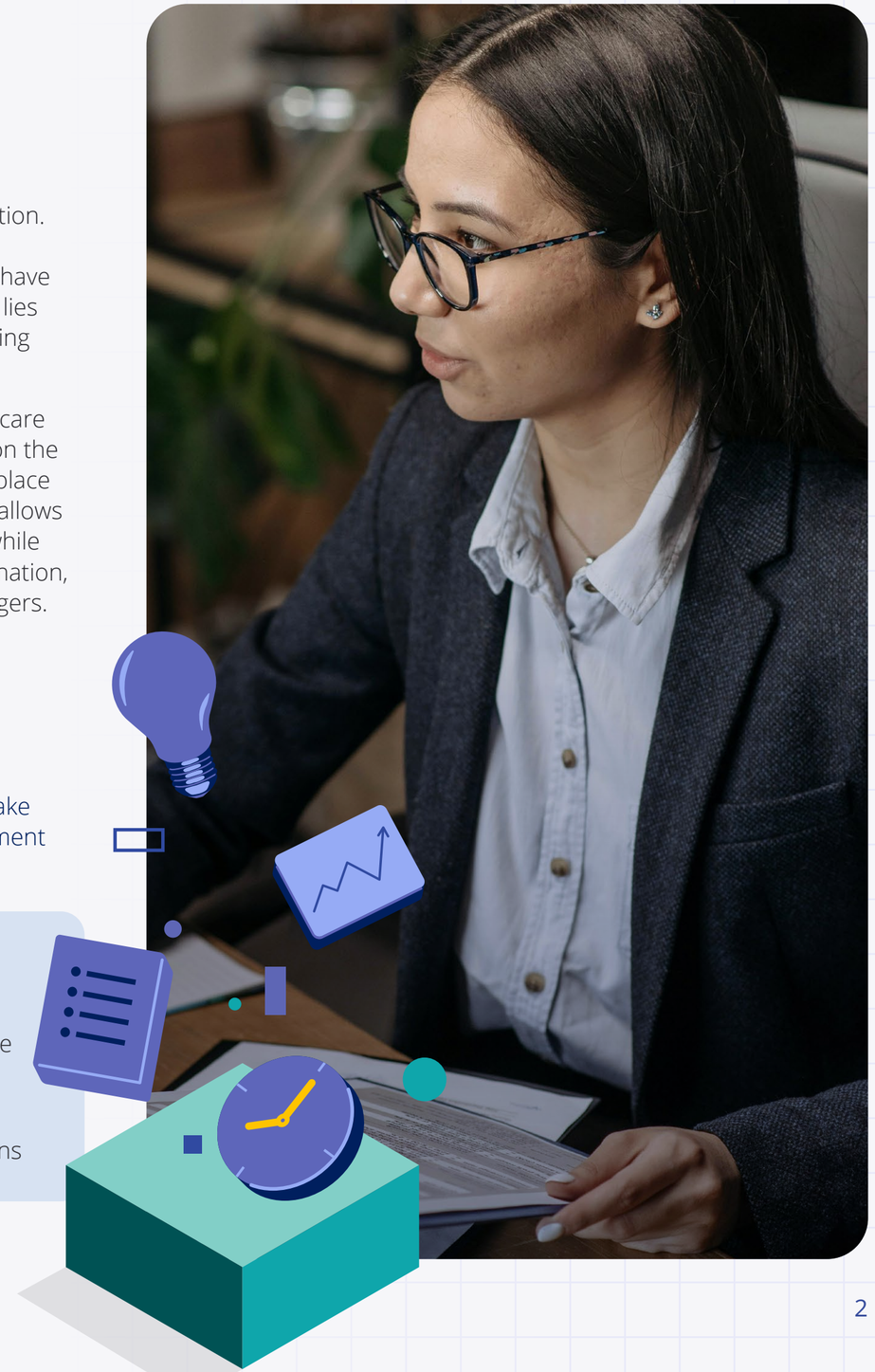
What makes this different?

Healthcare leaders are moving beyond experimentation. Leading enterprises like Elevance Health, Kaiser Permanente, HCA Healthcare, and Highmark Health have discovered that the key to value-based care success lies in treating it as a series of complex workflows requiring intelligent orchestration.

The challenge is clear: you cannot scale a nurse or a care coordinator. But you can scale their ability to focus on the patients who need them most. Agentic AI doesn't replace clinicians, it replaces the administrative burden and allows care teams to concentrate on high-acuity patients, while the system proactively manages routine care coordination, appointment compliance, and early intervention triggers.

This guide provides the strategic framework for healthcare leaders to:

- assess their readiness
- identify high-impact pilot programs
- build the organizational capabilities needed to make value-based care operationally excellent appointment compliance, and early intervention triggers.



Why this matters now?

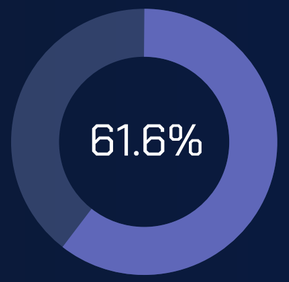
Agentic AI is not merely an automation technology; it is a strategic enabler of value-based care outcomes. The opportunity is threefold:

1. **Better Care:** Proactive interventions prevent costly complications before they occur
2. **Lower Costs:** Intelligent triage and automation reduce administrative burden by orders of magnitude
3. **Improved Experience:** Clinicians return to patient care, rather than clerical work, so that patients receive coordinated, timely interventions

*Source: Health Care Payment Learning & Action Network (HCA-LAN) Annual Measurement Report
URL: https://www.forbes.com/councils/forbestechcouncil/2025/03/25/charting-the-path-forward-to-value-based-care/

CHAPTER 1:

The value-based care imperative



61.6% of healthcare costs are now tied to value-based care contracts

Most VBC arrangements are **managed through spreadsheets** rather than sophisticated software

Agentic AI enables healthcare organizations to orchestrate **complex workflows at scale**

1: THE VALUE-BASED CARE IMPERATIVE

Understanding value-based care

Traditional healthcare operates on a fee-for-service model: doctors are paid for each procedure, each visit, each test.

They're paid for treating people when they get sick – not for keeping them healthy. Value-based care fundamentally alters this dynamic.

In value-based care, payers (insurance companies, Medicare, Medicaid) and providers (hospitals, physician groups) enter into contracts with shared goals such as reducing heart disease prevalence, improving medication adherence, lowering hospital readmissions. They track performance against these outcomes over time and share the financial results – both savings and risks.

Value-based care is fundamentally about orchestrating highly complex data and workflows across fragmented systems. Exactly what Pega's platform was designed to do.

Why this is complex:

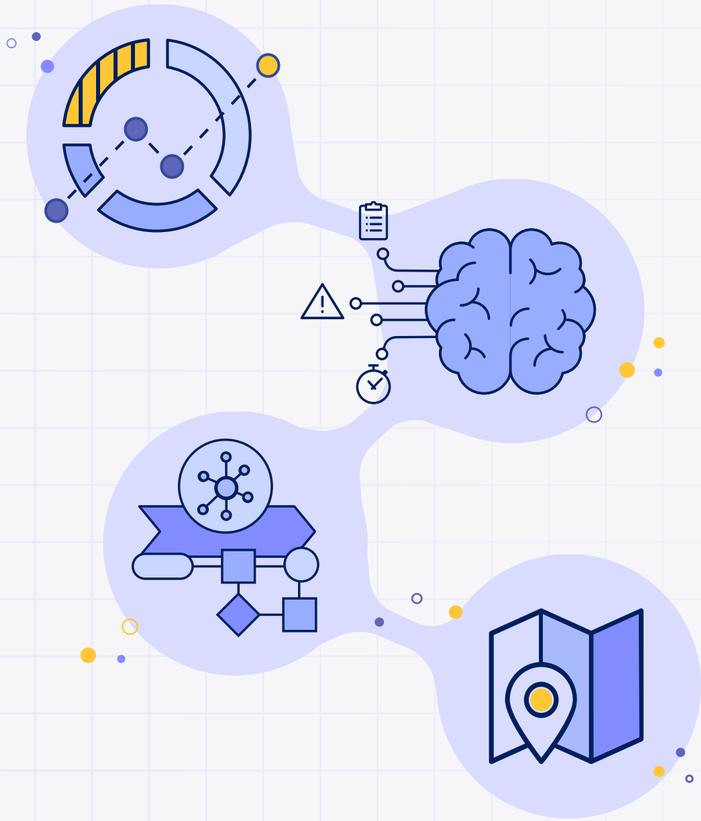
People experience healthcare not as isolated events but across moments, episodes, and journeys. A patient with diabetes might have regular check-ups, specialist visits, lab work, prescription refills, emergency room visits, and preventive education, all of which must be tracked, coordinated, and optimized across months or years.

These interactions trigger complex workflows that span multiple software systems, providers, and data sources. A missed appointment could signal deteriorating health. Eliminating a medication adherence gap could lead to a preventable hospitalization. An abnormal lab result requires immediate outreach and care coordination.

The scale of the challenge

As noted, 61.6% of healthcare costs are tied to value-based contracts somewhere in the system*. But most of this exists in spreadsheets, not in actual care orchestration platforms.

Organizations track shared savings calculations, quality metrics, and attribution logic through manual processes rather than intelligent workflows.



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Core challenges healthcare leaders face

1 Fragmented data across systems

Healthcare data lives everywhere: claims systems, electronic health records, lab systems, pharmacy networks, care management platforms, social service databases.

Yet, for a unified view of a member's health journey it requires integrating dozens of disparate sources, made even more difficult since each usually has a different data model, update frequencies, and quality standards.

2 Clinician burnout and administrative burden

Healthcare faces a retention crisis. In Europe and the United States alike, there is already a shortage of clinical staff. Talented clinicians entered the field to care for patients, not to perform clerical work.

Yet, for instance care coordinators spend hours documenting in multiple systems, chasing down authorizations, and managing administrative tasks, all of which should be automated. Heightened volume of clerical work and administrative tasks are often listed as key reasons clinical staff leave the profession.

3 Misaligned incentives and complex contracts

Value-based contracts come in many forms: shared savings, shared risk, bundled payments, capitation, accountable care models. Each has different attribution logic, quality metrics, and financial calculations.

The complexity and the variety can be overwhelming; manually managing these contracts results in errors, delays, and missed opportunities for intervention – potentially contributing to poorer outcomes, rather than improving outcomes, as value-based contracting is intended for.

4 Localized complexity

Value-based care is inherently localized because it involves specific provider networks, regional health needs, and community resources.

What works for Medicare Advantage in Florida differs from Medicaid managed care in California. This micro-level complexity makes standardized solutions difficult to efficiently implement maintain.

CHAPTER 2:

Understanding & Applying AI

Traditional, Generative & Agentic

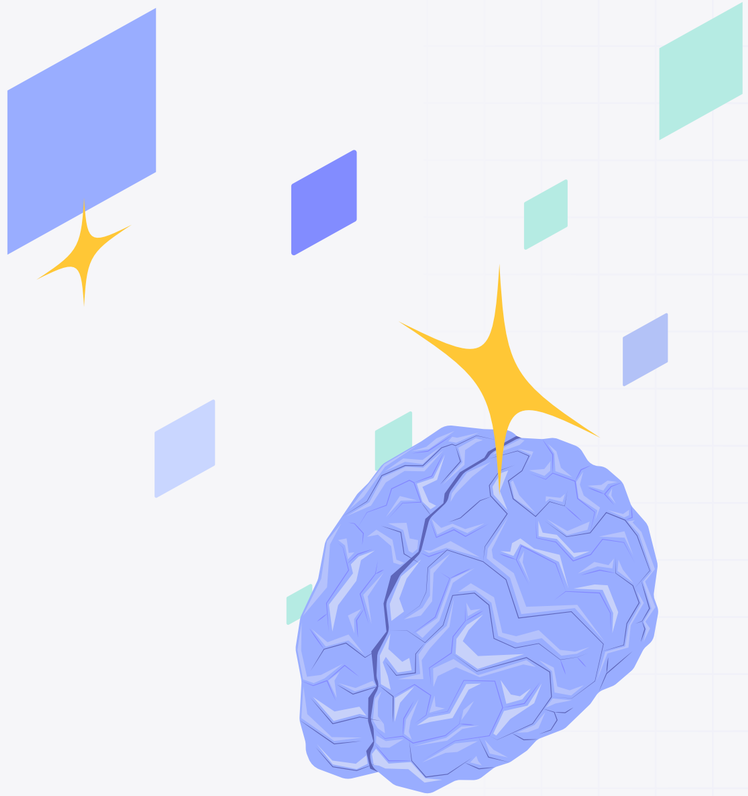
Value-based care requires orchestrating data across fragmented systems and tracking outcomes across extended patient journeys

Organizations face challenges with fragmented data, clinician burnout, misaligned incentives, and localized complexity

The administrative burden of managing VBC contracts manually **leads to errors and missed intervention opportunities**

The left, middle, and right brain for healthcare

Healthcare organizations have long used AI—predictive models for readmission risk, natural language processing for clinical documentation, and machine learning for claims fraud detection. These are powerful tools, but they represent only part of the equation.

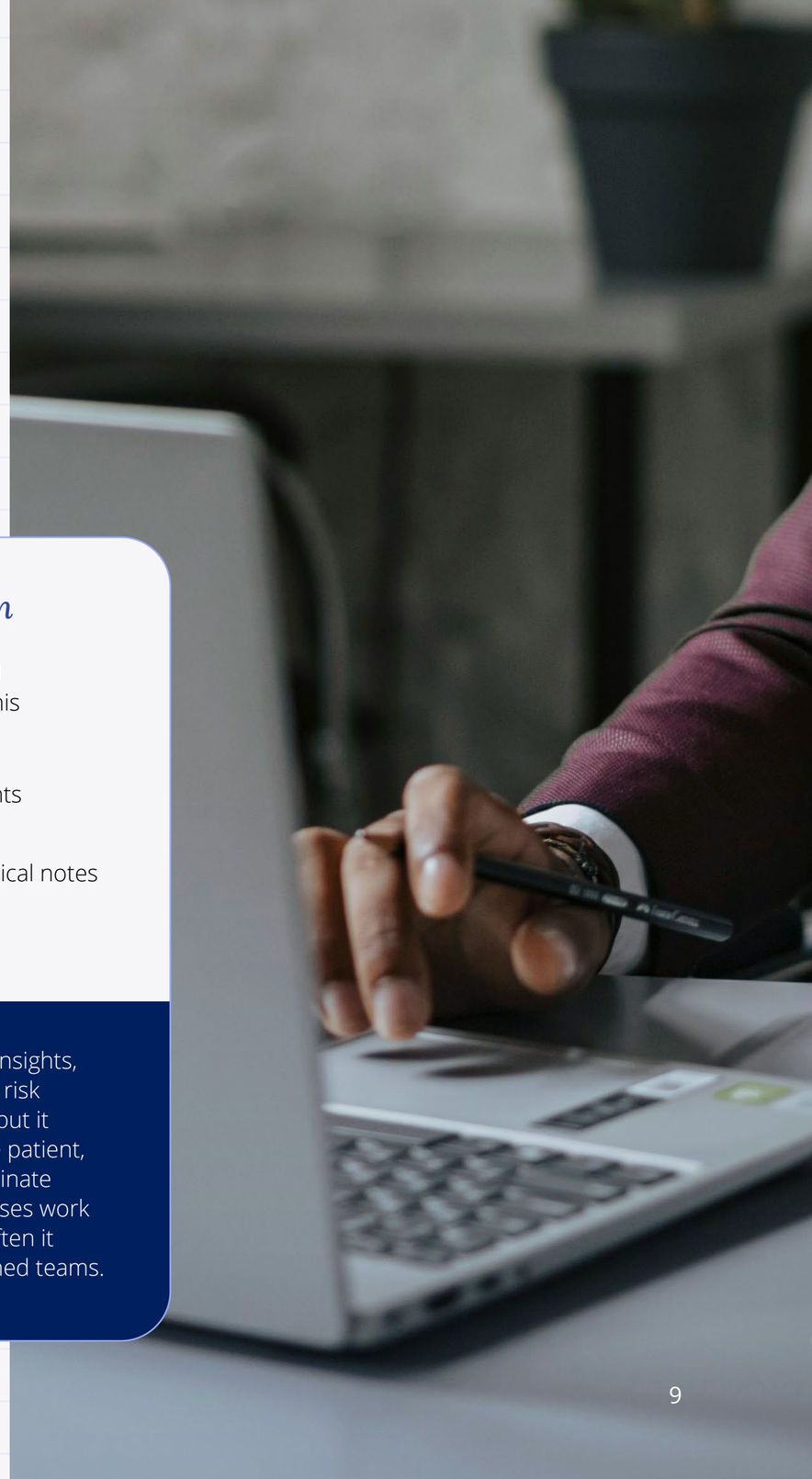


Traditional AI: The analytical left brain

Traditional AI excels at analysis, pattern recognition, and generating insights from large datasets. In healthcare, this includes:

- Risk stratification models that identify high-risk patients
- Predictive analytics for hospital readmissions
- Natural language processing to extract data from clinical notes
- Image recognition for diagnostic support
- Claims analytics to detect billing anomalies

The limitation: While traditional AI provides incredible insights, it still often requires human interpretation and action. A risk model might flag a patient as high-risk for readmission, but it takes a care coordinator to review the chart, contact the patient, schedule a follow-up, arrange transportation, and coordinate with the provider. The insight is valuable because it focuses work on critical needs, but it doesn't reduce the workload—often it increases it by generating more tasks for already-stretched teams.



Generative AI: The creative middle brain

Generative AI adds creativity and flexibility by producing new content and ideas based on existing data. In healthcare, this means:

- Drafting personalized care plans tailored to patient history
- Creating patient-friendly educational materials in plain language
- Generating summaries of complex clinical documentation for quick review
- Producing predictive scenarios for resource planning

Generative AI bridges the gap between insight and communication, helping teams act faster—but it still relies on humans to execute those actions.

Agentic AI: The action-oriented right brain

Agentic AI goes beyond insights and content creation to autonomous action. It can reason about complex situations, plan multi-step interventions, and execute workflows without constant human supervision. Think of it as having the ability to:

- See that a patient missed an appointment and automatically trigger an outreach sequence
- Detect a medication gap and coordinate with the pharmacy and provider for a refill
- Identify a concerning lab result and escalate to the appropriate clinical team with full context
- Recognize patterns suggesting deteriorating health and proactively schedule preventive interventions
- Manage prior authorizations by gathering required documentation and routing requests

The synergy: Traditional AI predicts what might happen, Generative AI creates what could be communicated or designed, and Agentic AI decides and acts on what should be done next - closing the loop from insight to execution.

Five key differences

1	**Primary Function**	Analysis and prediction	Creation of new content and ideas from existing data	Reasoning, planning, and action
2	**Output**	Insights requiring human action	Drafted content, summaries, and personalized plans	Autonomous workflow execution
3	**Approach**	Reactive response to queries	Augments human decision-making with creative outputs	Proactively initiates interventions
4	**Scalability**	Creates more work for humans	Speeds communication but still needs human execution	Reduces human workload by orders of magnitude
5	**Value in VBC**	Identifies risks and opportunities	Improves patient engagement and care personalization	Orchestrates care delivery at scale

Why this matters for value-based care

Healthcare is fundamentally a reactive business. People get sick, then the system responds. But because of AI's scale, breadth, and speed, we can now scale care proactively.

AI cannot, and should not, replace a human clinician, but it can dramatically change how clinicians allocate their time and attention. AI handles triage, identifies emerging issues, prevents problems before they escalate, and ensures that talented clinical staff focus on complex cases rather than administrative tasks.

This is especially critical given the clinician shortage. AI, applied well, can alleviate healthcare's struggle with insufficient clinical resources. The answer isn't just hiring more people, it's using AI to help existing staff deliver more value, using their expertise where it matters most. AI not only allows clinical staff to be more efficient and effective, it allows them to focus far more on their clinical skills, which dramatically increases job satisfaction.

> "You cannot scale a nurse. But AI can help nurses scale their impact by focusing their attention on the patients who need them most, while the system handles routine coordination automatically."

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:

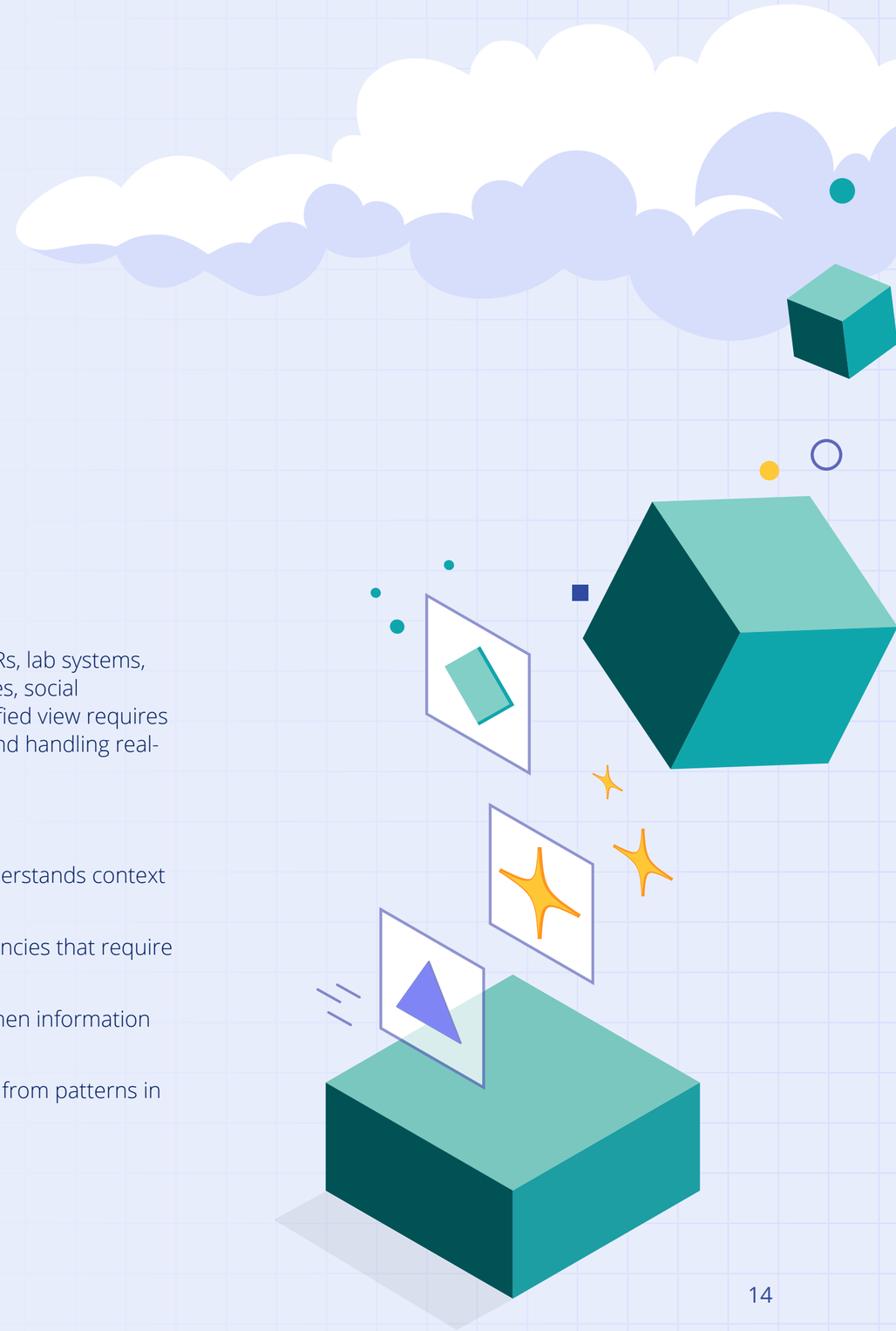
- Automatically triggers workflows when care gaps emerge (missed appointments, overdue screenings, medication non-adherence)
- Routes tasks to the appropriate care team members based on acuity, specialty, and availability
- Monitors transitions of care and flags when follow-up doesn't occur
- Aggregates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

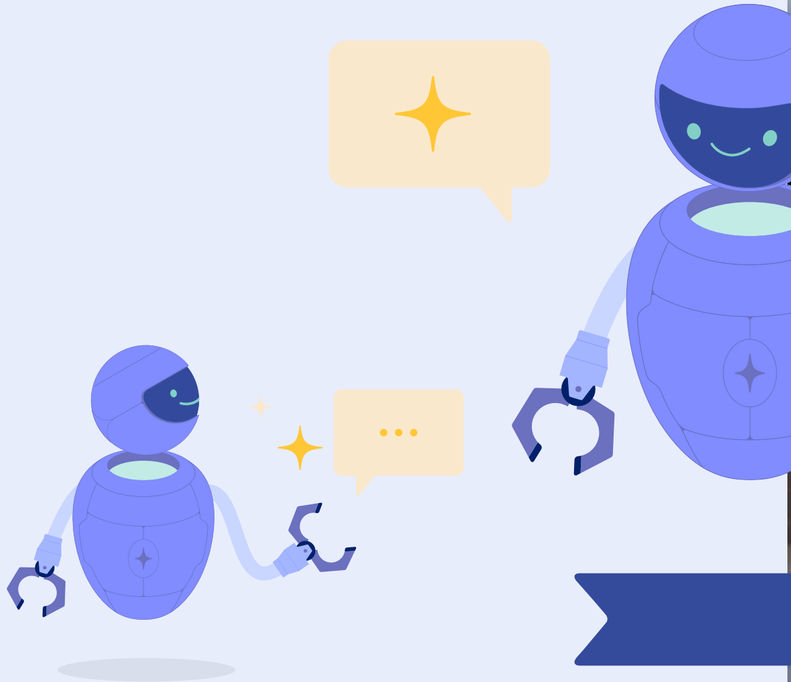
- Continuously calculates quality measures in real-time rather than waiting for quarterly reporting
- Identifies which members are close to meeting quality thresholds and prioritizes outreach accordingly
- Automates chart reviews and documentation verification using natural language processing
- Generates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



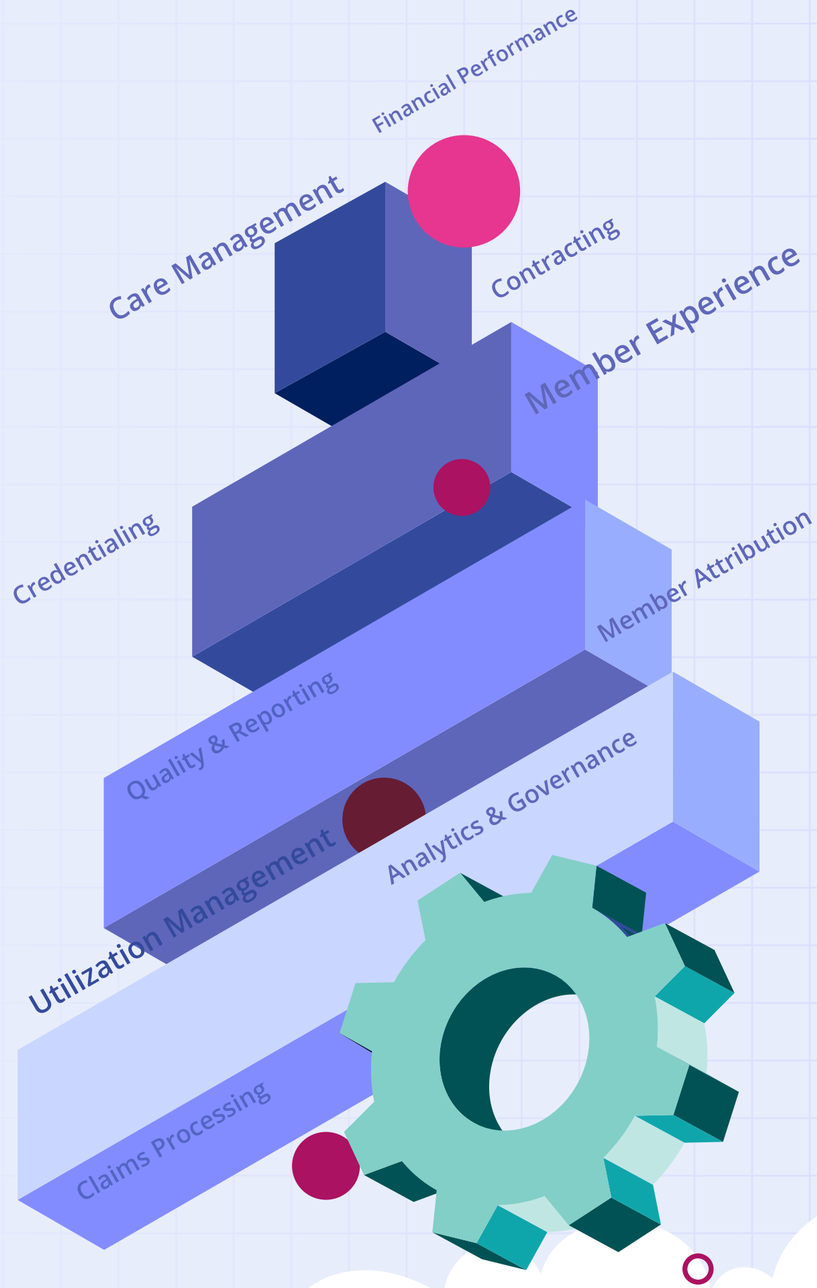
Mapping Agentic AI to the value-based *care workflow*

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.



CHAPTER 4:

Use cases

Healthcare leaders are moving from experimentation to transformation. The following examples demonstrate how agentic AI is already delivering measurable value in value-based care settings.

Value-based care success depends on **five critical drivers**: care coordination, data interoperability, patient engagement, population health analytics, and financial performance tracking

Agentic AI acts as an **intelligent integration layer** that orchestrates workflows, triggers interventions automatically, and personalizes engagement at scale across disparate systems

AI cannot replace clinicians, but it dramatically changes how they allocate their time, handling routine coordination while clinical staff focus on complex, high-acuity cases

Elevance Health

Orchestrating enterprise claims operations

Elevance Health (parent company of Anthem Blue Cross Blue Shield) is one of the largest health insurance companies in the world, serving millions of members across Medicare, Medicaid, and commercial markets. The company uses Pega for virtually all claims operations, orchestrating the complex workflows that underpin value-based contracting.

The Challenge

Processing millions of claims monthly while ensuring accuracy, managing exceptions, coordinating with value-based payment models, and maintaining compliance with constantly changing regulations.

The Solution

Pega orchestrates end-to-end claims workflows, integrating with multiple backend systems. Agentic AI capabilities enable intelligent routing, automated exception handling, and proactive identification of issues before they impact members or providers.

The Impact

Faster claims processing, improved accuracy, reduced manual intervention, and enhanced visibility into value-based contract performance. The platform scales to handle volume fluctuations without proportional staffing increases.

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Prime Therapeutics & Virtusa: Accelerating clinical reviews

Prime Therapeutics, a pharmacy benefit manager serving health plans, partnered with Virtusa to transform prior authorization processes for specialty medications-a critical workflow in value-based pharmacy management.

The Challenge

Prior authorizations for specialty drugs are time-consuming, requiring clinical expertise to review medical necessity. Delays frustrate patients, providers, and payers alike.

The Solution

Implementing intelligent triage to identify straightforward approvals versus cases requiring expert clinical review. Agentic AI automates data gathering, validates completeness of submissions, and routes complex cases with full clinical context.

The Impact

Significantly reduced time-to-decision for authorizations, improved clinician productivity by allowing them to focus on genuinely complex cases, and enhanced member satisfaction through faster access to medications.

Blue Cross Blue Shield of Michigan & EY: Improving CMS star rating

BCBS Michigan, in collaboration with EY, focused on improving CMS Star Ratings-the quality measurement system that directly impacts Medicare Advantage reimbursement and determines competitiveness in the market.

The Challenge

Star Ratings depend on dozens of HEDIS measures spanning clinical care, member experience, and operational efficiency. Manually tracking gaps in care and coordinating outreach is resource-intensive and often too late to impact annual ratings.

The Solution

Using Pega's orchestration capabilities with agentic AI to continuously monitor quality measure performance, identify members close to meeting thresholds, and automatically trigger personalized outreach campaigns. The system coordinates with providers to close care gaps and documents interventions for reporting.

The Impact

Improved Star Ratings across multiple measures, increased member satisfaction scores, better provider engagement, and enhanced competitive position in the Medicare Advantage market. The financial impact of improved Star Ratings translates to millions in additional revenue.

HCA Healthcare: Retention through care coordination

HCA Healthcare, one of the nation's leading providers of healthcare services, faced a retention crisis among clinical staff – a common challenge as talented professionals leave when overwhelmed by administrative tasks rather than patient care.

The Challenge

Care coordinators and nurses spend excessive time on documentation, system navigation, and coordination logistics, leaving insufficient time for meaningful patient interactions. This leads to burnout and turnover.

The Solution

Applying agentic AI to handle routine coordination tasks-appointment scheduling, documentation, referral management, insurance verification-while providing clinicians with unified views of patient information and decision support.

The Impact

Improved clinician satisfaction by allowing them to focus on patient care rather than clerical work. Reduced turnover, better patient outcomes through more attentive care, and enhanced operational efficiency.

Highmark: Managing complex care transitions

Highmark, a major health insurance provider, leveraged Pega to improve care transitions-one of the most critical and expensive aspects of value-based care management.

The Challenge

Hospital readmissions within 30 days are costly and often preventable. Coordinating discharge planning, follow-up appointments, medication reconciliation, and monitoring requires intensive manual effort across multiple parties.

The Solution

Implementing intelligent care transition workflows that automatically trigger when members are discharged from hospitals. Agentic AI coordinates follow-up appointments, verifies medication adherence, monitors symptoms, and escalates concerns to care managers.

The Impact

Reduced hospital readmission rates, improved member experience during vulnerable transitions, decreased costs from preventable complications, and better provider relationships through seamless coordination.

Quantifying the *impact*

These use cases demonstrate common themes:

1 **Operational efficiency:**
Reducing administrative burden by orders of magnitude

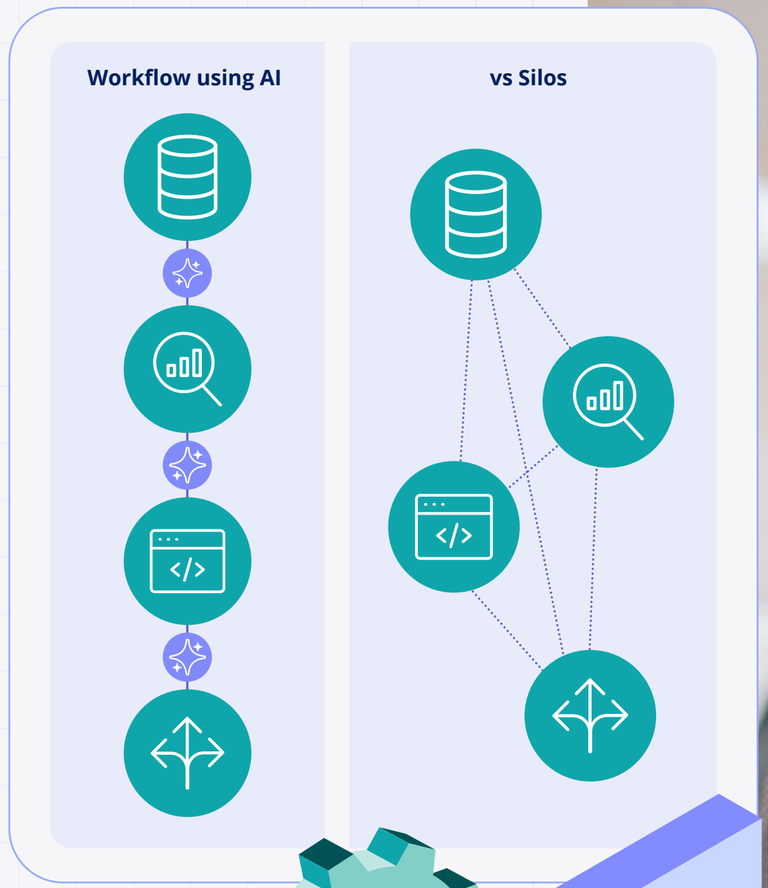
2 **Clinical excellence:**
Allowing talented professionals to work at the top of their license

3 **Financial performance:**
Improving margins through better care delivery and reduced complications

4 **Member experience:**
Providing coordinated, proactive, personalized care

5 **Provider relationships:**
Reducing friction and improving collaboration

These organizations didn't achieve results by implementing AI as an isolated project. They succeeded by treating AI as part of a comprehensive orchestration strategy-using Pega's platform capabilities to connect systems, workflows, and people while agentic AI handles the heavy lifting of execution.



CHAPTER 5:

Strategic recommendations

Healthcare leaders consistently ask:
'This is all great, but how do I actually use it?'

The answer lies not in perfect implementation but in strategic evolution – starting quickly, proving value, and scaling based on measurable results.

Leading organizations like Elevance Health, HCA Healthcare, and Highmark are achieving measurable results by treating AI as part of a **comprehensive orchestration strategy**, not an isolated project

Common success themes include operational efficiency (reducing administrative burden by orders of magnitude), clinical excellence (allowing professionals to work at top of license), and improved financial performance

These implementations succeeded by using Pega's platform to **connect systems, workflows, and people**, with agentic AI handling the execution, rather than attempting perfect implementation from day one

Assessing organizational readiness

Before launching AI initiatives, healthcare leaders should evaluate readiness across four foundational layers. This framework maps directly to Pega's platform architecture.

Layer 1: Do you have the data?
(Dynamic Data Definitions)

- Are critical data sources integrated and accessible?
- Is member information reasonably current and complete?
- Can you track patient journeys across touchpoints?
- Do you understand data quality issues and have mitigation strategies?

If data infrastructure is immature, start there. AI cannot orchestrate workflows without reliable information. However, perfection isn't required, many organizations successfully implement AI while simultaneously improving data quality, as the AI itself can identify and flag data issues.

Layer 2: Are workflows orchestrated?

- Do standardized processes exist for key workflows (care management, utilization management, claims)?
- Are handoffs between teams/systems defined?
- Can you visualize end-to-end process flows?
- Are there mechanisms to track where work is stuck?

Agentic AI thrives when workflows are well-defined. Even if processes are currently manual, documenting them creates the foundation for automation. Pega's Blueprint architecture accelerates workflow definition and becomes more effective with each use.

Layer 3: Is decisioning centralized?

- Are business rules documented and consistent across the organization?
- Can you update decision logic without custom development?
- Do you have visibility into why specific decisions were made?
- Are decisions auditable for regulatory compliance?

Centralized decisioning is what allows agentic AI to act autonomously while remaining explainable and governable. If decision logic is embedded throughout custom code, implementing AI becomes much more complex.

Layer 4: Is case management scalable?

- Can you handle volume fluctuations without staffing changes?
- Are high-priority cases automatically escalated?
- Do you have real-time visibility into case status and bottlenecks?
- Can cases move fluidly across teams as needed?

Case management is where value-based care happens operationally. AI excels at managing large volumes of cases, intelligently triaging based on acuity and complexity, and ensuring nothing falls through the cracks.

Strategic implementation framework

1

Start with high-impact, measurable pilot programs

Don't aim for enterprise-wide transformation immediately. Instead, identify specific use cases where:

- The workflow is well-understood and relatively standardized
- Success metrics are clear and quantifiable
- Data quality is reasonable (not perfect, but usable)
- The pain point is significant enough that staff will embrace change
- Results will be visible within 3-6 months

Recommended pilot areas:

- Utilization management: Prior authorization triage and routing
- Care transitions: Post-discharge follow-up and monitoring
- Chronic condition management: Diabetes, hypertension, or heart failure programs
- Quality measure gap closure: Targeted campaigns for specific HEDIS measures
- Member engagement: Appointment reminders and preventive care outreach

2

Build cross-functional teams

Successful AI implementations require collaboration across clinical, operational, IT, and financial functions. Assemble teams that include:

- **Clinical leaders:** Ensure interventions are clinically appropriate and align with care standards
- **Operations managers:** Define workflows and validate that automation actually reduces workload
- **Data and analytics:** Ensure data quality and measure impact
- **IT and integration:** Connect systems and maintain infrastructure
- **Finance:** Track ROI and align with contract performance
- **Compliance and legal:** Ensure regulatory adherence and manage risk

Empowering cross-functional teams to make decisions quickly is essential. The goal is evolution, not perfection. Organizations that succeed move rapidly from pilot to production, learning and adjusting along the way.

3

Invest in governance and explainability

Agentic AI makes autonomous decisions, which creates accountability requirements:

- **Audit trails:** Every action must be traceable to specific logic and data inputs
- **Human oversight:** Define thresholds where human review is required
- **Performance monitoring:** Continuously track outcomes to ensure AI behaves as intended
- **Bias detection:** Regularly assess whether AI introduces unfair treatment patterns
- **Regulatory compliance:** Ensure AI operates within legal and ethical boundaries

Pega's platform provides built-in governance capabilities, including decision transparency, audit logging, and explainability features. These aren't add-ons-they're core to the architecture.

4

Focus on adoption, not perfection

Change management is the biggest barrier to AI success. Senior executives focus on logic and ROI, but frontline staff care about whether the technology makes their work easier or just adds complexity.

The adoption equation:

- Staff will adopt AI if it's **10x better** than current processes, OR
- Staff will adopt AI if they don't realize they're using it because it invisibly removes work from their plate

The most successful implementations prioritize the second approach. Rather than introducing new tools that require training, embed AI into existing workflows so users benefit without changing their behavior. This is why Pega's orchestration approach works, it augments existing systems rather than replacing them.

5

Scale based on proven value

After pilot success, replicate across similar use cases. The more you use Pega's Blueprint architecture, the faster subsequent implementations become. Value compounds over time:

- **First use case:** Takes time to define workflows, integrate data, build governance
- **Second use case:** Leverages existing infrastructure, goes faster
- **Third and beyond:** Teams become proficient, implementation accelerates dramatically

This snowball effect is intentional. Pega's platform is designed for reusability-workflows, decision logic, data models, and integrations can be adapted for new use cases rather than rebuilt from scratch.

Summary of Pega value

1. Your business is running on spreadsheets

Value-based care contracts exist, but they're not operationalized. Pega provides the orchestration layer to make them real.

2. Healthcare is complex workflows, not a factory

Traditional software struggles with healthcare's organic, interconnected nature. Pega excels here because it's designed for workflow orchestration, not rigid processes.

3. AI scales what humans cannot

You can't scale nurses or care coordinators linearly, but you can scale their impact exponentially by using AI to handle routine coordination while they focus on complex cases.

4. Speed matters more than perfection

Organizations that start quickly, learn from data, and iterate will outperform those that aim for perfect implementation. Pega enables this evolutionary approach.

5. We're changing how the world builds software

Traditional development is too slow for healthcare's pace of change. Pega's approach with AI capabilities allows rapid adaptation.

CONCLUSION

From experimentation to transformation

The healthcare industry stands at a defining moment. Value-based care is no longer optional, it’s the dominant payment model, representing 61.6% of healthcare spending. Yet many organizations still treat it as a financial arrangement managed through spreadsheets rather than an operational reality requiring intelligent orchestration.

Successful VBC implementation requires assessing readiness, choosing high-impact pilots, and building cross-functional teams

Governance and explainability are essential, every AI action must be traceable and auditable

Organizations that **prioritize adoption** over perfection and scale based on proven value will succeed

CONCLUSION

From experimentation to *transformation*

AI represents the missing piece. It transforms value-based care from a theoretical framework into a practical operating model by:

- **Orchestrating complex workflows** across fragmented systems
- **Scaling care coordination** without proportional staffing increases
- **Enabling proactive interventions** that prevent costly complications
- **Reducing administrative burden** so clinicians can focus on patient care
- Continuously **tracking performance** against quality and financial targets

The Pega advantage: Your orchestration engine

Pega's platform was purpose-built for exactly this challenge. Healthcare doesn't operate like a factory with predictable, linear processes. It's more like a fungus-spreading roots everywhere, with organic, interconnected pathways that defy traditional software approaches. Pega excels precisely because it's designed for workflow orchestration rather than rigid automation.

Think of Pega as the diamond in the middle that connects everything. It doesn't replace your EMR, claims system, pharmacy platform, or other core infrastructure. Instead, it sits above them as the orchestration layer – the centralized brain that manages workflows, executes decision logic, and enables agentic AI to act intelligently across your entire ecosystem.

Moving forward: Practical *next steps*

For healthcare leaders ready to move beyond experimentation:

Assess readiness: Use our framework to evaluate your data, workflows, decisioning, and case management capabilities

Identify high-impact pilots: Choose use cases with measurable outcomes, reasonable data quality, and significant pain points

Build cross-functional teams: Ensure clinical, operational, IT, and financial perspectives are represented

Invest in governance: Establish audit trails, oversight mechanisms, and performance monitoring from day one

Prioritize adoption: Make AI invisible by embedding it in existing workflows rather than introducing new tools

Scale based on results: Replicate successful pilots across similar use cases, leveraging the accelerating benefits of Pega's Blueprint architecture

PEGA

The future is *orchestration*

Healthcare's transformation won't be won by those with the most sophisticated AI models. It will be won by organizations that can orchestrate complexity at scale, integrating data, coordinating workflows, executing intelligently, and continuously improving based on outcomes.

Agentic AI is the catalyst, but Pega is the platform that makes it possible. Together, they represent not just incremental improvement but a fundamental reimagining of how care is delivered.

"We're not just automating tasks. We're reimagining care delivery so that talented clinicians can focus on what they do best – healing people – while intelligent systems handle the orchestration that makes excellent care scalable."

The opportunity is clear. The technology is ready.

The question is:

How quickly will your organization move from experimentation to transformation?

For more information on Pega's healthcare solutions, visit **www.pega.com/healthcare**