

How AI Agents and Tech Will Transform Health Care in 2026

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BCG | BCG X



As 2026 unfolds, **health care** organizations are embracing **artificial intelligence** technology to an unprecedented degree across a wide range of activities, from patient care to clinical workflows to drug discovery and development. AI's potential to improve patient outcomes, enhance efficiency, and dramatically accelerate the pace of innovation is redefining how health care creates value.

From its start as a rules-based machine learning technology, AI has evolved and, through GenAI, acquired the ability to follow instructions that generate new content and new insights. Now, with the emergence of **AI agents** that can autonomously plan and execute tasks with minimal human oversight, we're seeing an explosion of opportunities in health care. As the technology becomes increasingly integrated into health care ecosystems, we expect the market for AI in health care to expand rapidly.

Change of this magnitude requires critical adjustments on many fronts. Successful AI innovators follow the 10-20-70 rule, which holds that a company should dedicate 10% of its effort to algorithms, 20% to technology and data, and the remaining 70% to people and processes. This emphasis is crucial because change management is difficult to get right—and successful transformation depends on people. As health

care roles and work evolve, AI agents should enhance and augment the human workforce. But organizations should start planning now for the workforce they will need in five years, including upskilling current workers and redesigning their roles to meet the requirements of evolving organizational structures. How organizations manage these changes will drive their impact on value.

The assessments offered here by 14 experts at BCG and **BCG X** of the challenges and opportunities facing the industry represent a broad and diverse range of perspectives on how digital technology, and especially AI, will shape health care in 2026.

Here's a snapshot of what to look for in the coming year.

Patients Now Occupy the Driver's Seat

Patients are exercising more control over their health than ever before, connecting directly with their providers through patient portals and using digital tools to track and monitor their health.

By some estimates, close to half of US adults use health apps, and about a third use wearable devices that keep tabs on their health metrics. We expect that providers will use AI tools to analyze the data from these personal devices, together with patients' genetic information and diagnosis and treatment details from their electronic medical records, to predict health problems before they start and prescribe personalized solutions.

As more consumers engage with these tools and technologies, more pharmaceutical and medical device companies are prioritizing efforts to establish direct-to-patient relationships, put treatments directly in the hands of consumers, and sidestep traditional intermediaries such as pharmacies and insurers.

Digital and AI tools for holistic and wellness solutions will integrate data from multiple sources to guide people in living longer and optimizing their cognitive health, paying close attention to sleep, nutrition, exercise, and mindfulness.

Providers' Toolbox Expands

Electronic health records increasingly incorporate ambient AI scribes that record and summarize patient conversations, reducing the amount of time that physicians must spend documenting those interactions, drafting notes, and responding to messages. With a lighter administrative load, physicians have more time for patient care, to the benefit of both. These AI clinical assistants, or co-pilots, can instantaneously synthesize patient data, symptoms, and the latest research, improving clinician productivity and reducing diagnostic errors.

AI-supported precision medicine tailored to individual genetics, environment, and lifestyle will enable providers to predict Alzheimer's or kidney disease, for example, years before symptoms appear. Meanwhile, targeted drugs and precision imaging that enable one-step cancer diagnosis and treatment are moving into mainstream care.

Agentic AI will compress the timeline for new drug development from years to months by generating new molecules and simulating how they will interact and behave in the body.

Health Care Ecosystems Recalibrate

AI is fundamentally changing every aspect of health care, from R&D to direct patient care. Its accelerating adoption has profound implications for how health care players conceive of and carry out their roles.

As health systems expand their priorities from providing sick care to predicting and preventing illness, and as AI helps forge new paths in scientific discovery and delivery, health care organizations are wrestling with how to measure and capture value in this altered environment.

BCG **research** has found that successful organizations concentrate on a small number of opportunities with transformative potential, rather than implementing dozens of AI pilots. In health care, think precision medicine, clinical workflow automation and personalized care.

As AI improves productivity and reduces overhead, we expect health care systems to lean into the task of ensuring a human-centered approach, focusing on training employees to work alongside their intelligent partners and embedding AI literacy in professional development.

As the adoption of powerful AI tools expands, it will become increasingly important for organizations to prioritize rigorous quality assurance to safeguard reliability through evaluation and testing.

As AI and digital continue to transform health care in 2026, we're excited about the developments ahead. Read on to learn about the transformative changes that our experts anticipate seeing in the coming year.

“As agentic AI technology becomes more fully integrated into health care ecosystems, we expect to see an explosion of opportunities in the market for AI.”



Ashkan Afkhami

Managing Director &
Senior Partner

Health care players will closely scrutinize AI value realization. As AI tools become more widely adopted throughout organizations, players are exploring how to capture value and ensure that their investments yield tangible results. Our work suggests that companies will generally realize the most value when they deploy end-to-end functions, rather than a single tool, inside the business. There will be a forcing function in setting strategic financial plans, measuring KPIs (including speed to value), and altering talent considerations to realize these values. Organizations should hire and upskill workers now to maintain their competitive edge and ensure that they have the necessary team in place one to two years from now.

Companies will increasingly establish direct-to-patient (DTP) relationships to drive precision commercialization. Rather than communicating with consumers through intermediaries such as pharmacies or pharmacy benefit managers, companies of all types will try to create one-on-one relationships with them. Pharma and medical device companies will provide new DTP solutions and services (such as LillyDirect or PfizerForAll) that

include contracts to insurers and self-insured employers for most chronic conditions, with the opportunity to expand coverage over time. This model will change how much patients pay, how companies deliver care, and how they extract value.

2026 will be the agentic AI year. AI agents that can observe, plan, and act autonomously are revolutionizing health care. Companies are laying the foundations for or are already developing a range of tools and workflows for performing tasks and activities that will create higher levels of efficiency and effectiveness across commercial, R&D, operations, and corporate functions. As agentic AI technology becomes more fully integrated into health care ecosystems, we expect to see an explosion of opportunities in the market for AI.

“To be successful, human-centered design must guide the development of patient experiences that reflect how people actually behave today.”

Raakhi Agrawal

Managing Director & Partner



Consumers’ changing expectations are reshaping patient health care interactions and driving innovation. Patients want to approach their health in a way that feels seamless, tailored, and intuitive. This shift is especially visible during the first steps of the patient journey. Individuals increasingly turn to digital tools—and often to AI as their initial source of guidance. An estimated 140 million daily ChatGPT queries relate to health, fitness, beauty, or self-care, a sign that digital assistants are already embedded in everyday decision making. People use these tools to understand symptoms, compare treatments, or evaluate next steps long before they engage with a clinician. In an AI-empowered, patient-controlled world, the health care ecosystem must adapt along with expectations.

Regulatory developments are making direct-to-patient models more viable than ever. The introduction of most-favored-nation drug pricing, the launch of TrumpRx.gov, and early compliance actions from several manufacturers signal meaningful change in how drugs may be priced, distributed, and accessed. These policies lower barriers to direct distribution and put new pressure on pharmaceutical companies to evaluate alternative models of

engagement. What was once a novel strategy around direct-to-patient initiatives is becoming a race for visibility and access to patients. The market is already responding. Several major pharma companies have introduced direct-to-patient or direct-to-consumer offerings that give patients new ways to learn about, obtain, and manage therapies. GLP-1 medications, traditionally confined to specialty channels, are now available through retail and subscription-based models. Wellness companies such as Rho Nutrition are normalizing subscription-based health products, conditioning consumers to expect direct, recurring relationships with manufacturers. Amazon is testing prescription kiosks inside One Medical clinics to enable immediate pickup of prescriptions after appointments, streamlining the last mile of medication access. However, while the early pharma-led direct-to-patient offerings were fit for purpose, more recent entrants are reacting to the changing environment rather than responding to patients’ needs. For pharmaceutical companies, the implication is clear: to be successful, human-centered design must guide the development of patient experiences that reflect how people actually behave today.

“Organizations without AI co-pilots will increasingly struggle to recruit top talent, who will expect these tools to be standard.”



Neveen Awad

Managing Director &
Senior Partner

AI clinical co-pilots will become the standard of care.

In the coming years, AI clinical assistants will be as ubiquitous as electronic health records (EHRs), providing real-time decision support that synthesizes patient data, reported symptoms, and the latest research instantaneously. Adopting these tools, which are increasingly embedded in organizations' EHR and clinical workflow systems, can improve clinician productivity by up to 40% and reduce diagnostic errors by 20% to 30%. As the benefits of clinical co-pilots become clearer and their adoption more widespread, organizations without AI co-pilots will increasingly struggle to recruit top talent, who will expect these tools to be standard.

Predictive health will replace reactive care. AI tools that analyze genomics—working in conjunction with patient data from wearables, EHRs, and social determinants of health—will enable clinicians to predict the onset of major diseases up to two years earlier than they can now, with more than 80% accuracy. This will support early intervention at one-tenth the cost of acute treatment and makes value-based care economically more viable. To acquire this

predictive power, organizations will have to make a strategic choice whether to build proprietary AI prediction engines or partner with platforms. Either way, data will be their most valuable asset.

Agentic AI will drive enormous efficiency gains in health care administration. Autonomous AI agents will handle prior authorizations, claims, scheduling, and billing 24-7. This will reduce administrative overhead by 50% (freeing up more than \$250 billion industry-wide) and shorten seven-day processing cycles to seven hours. Early adopters will achieve a 15% to 20% cost advantage over their peers. Crucially, three-year implementation timelines mean that decisions that an organization makes in 2026 will determine its competitive position in 2029.

“Beyond improving productivity, AI is redefining where value creation occurs in the life sciences ecosystem.”

Johanna Benesty

Managing Director &
Senior Partner



AI will fundamentally reshape how organizations create, distribute, and measure health value. Beyond improving productivity, AI is redrawing the boundaries of the life sciences ecosystem itself. In R&D, generative and agentic AI models are shrinking the time that elapses between scientific discovery, development, and delivery. Digital biology and multimodal AI are generating new molecules in months instead of years. In operations, agentic architectures optimize every resource in real time. And in health care delivery, AI-driven platforms are shifting the relationship of pharma, patients, and payers toward measurable outcomes. The result: competitive advantage will migrate from companies that manufacture molecules to those that own the intelligence—the data, algorithms, and interfaces—that connects science, systems, and people.

AI is transforming the pharmaceutical industry’s role in medical care from supplying treatments to guaranteeing results. As yet, however, health care players have not cracked the code on a sustainable business model that incorporates these changes. In the context of unprecedented cost pressures, value-based care models, already expanding in the US and Europe, reward measurable improvements in health rather than the volume of services performed. Generative and predictive AI can link clinical-trial data with real-world evidence—from EHRs, patient registries, and insurance claims, for example—thus permitting continuous outcome monitoring

and adaptive reimbursement. Five of the 55 FDA drug approvals in 2023 included real-world evidence analyses, and we expect this trend to continue in the coming years. Digital companions and AI-driven adherence tools enable personalized interventions and enhance the efficacy of a prescribed treatment by integrating behavior and lifestyle data. The winners will orchestrate ecosystems that combine drugs, data, and digital services, turning evidence into the new currency of value.

The front door to care is shifting from clinics to virtual interfaces. By some estimates, over 40% of US adults now use health apps, and 30% use wearables. At the same time, digital pharmacies and virtual-care platforms are intercepting the patient relationship from traditional channels. Agentic AI systems can analyze real-time health data, predict needs, and trigger interventions—often even before someone visits a doctor. This creates new competition for trust and visibility: who owns the interface through which patients navigate their health journeys? Pharma must evolve from selling through intermediaries to curating personalized, data-driven experiences. Those that master AI-enabled direct-to-patient engagement will control not only distribution but also insight—the continuous feedback loops that inform R&D, adherence, and outcomes. In the AI era, the patent covering the algorithm that best analyzes each patient may be among the most valuable.

“AI, robotics, and smart sensors will redefine how care is delivered inside hospital walls.”



Joe Daoud

VP Design

AI-enhanced wearables will transform from fitness accessories into early detection companions. Devices are already embedding advanced sensors and AI to detect heart irregularities, stress patterns, and even early indicators of heart failure. There is a real design opportunity in making these experiences feel invisible and effortless. The goal is less to acquire more data than to gain more insight. A subtle vibration that quietly signals a health concern can be more powerful than a dashboard full of numbers. As these devices connect directly to clinical systems, they will link personal wellness more closely to professional care. Instead of beginning with a hospital visit, health care in the future may start with a simple notification on a patient's wrist that says, “It's time to check your blood pressure.”

Telehealth 3.0 and hybrid care models will seem less like “digital appointments” and more like continuous relationships. Hybrid care will start to blend connected devices, sensors, and medical data to create seamless and personalized experiences for people. Leaders are already building toward this vision by integrating teleconsults, prescription management, and follow-up care directly into their systems. The focus is on thoughtful design: care that “feels” connected, intuitive, and human.

Imagine a doctor understanding a patient's sleep, movement, and stress patterns before the conversation between the two even begins. That is “empathy through technology.” As this model matures, health care will seem more natural, more predictive, and far more integrated into everyday life.

Hospitals will evolve into intelligent environments that sense, interpret, and respond in real time. AI, robotics, and smart sensors will redefine how care is delivered inside hospital walls. Robots will guide patients, providing navigation support, monitoring vital signs, and managing administrative logistics so that clinical teams can focus on care instead of coordination. The design challenge involves ensuring that automation feels compassionate, not mechanical. Think of lighting that adjusts to calm anxiety, displays that inform rather than overwhelm, and systems that anticipate needs before the patient voices them. When technology supports dignity as much as efficiency, hospitals can provide better physical and emotional support.

“The first point of care is no longer a search bar but instead a trusted dialogue.”

Grace Davey

VP Product & Design BCG X



The next phase of health care transformation will connect AI directly to the data infrastructure that powers it. Across the UK, federated data platforms are evolving into secure, interoperable environments where hospitals, research bodies, and innovators can train and deploy models without moving sensitive information. These systems allow AI to generate locally relevant insights, revealing how social factors shape outcomes or predicting workforce pressures, while protecting privacy and accountability. As the quality, consistency, and governance of data improve, every region effectively becomes a learning system that adapts in real time. The future of AI-enabled care will depend not only on smarter algorithms but also on the integrity of the data ecosystems underpinning them, turning information into a continuous source of collective intelligence.

Trust will become the deciding factor between adopting AI and resisting it. As AI moves deeper into health care, trust is emerging as the line that separates AI adoption from resistance. Technical accuracy alone is no longer enough; clinicians and patients must understand, question, and feel confident in what AI recommends. The most effective systems will make their reasoning visible, cite data sources, and express uncertainty clearly, allowing users to calibrate judgment rather than surrender it. This

transparency transforms AI from a mysterious oracle into a credible partner. Organizations that invest in explicability, governance, and ethical alignment will find their innovations embraced, while opaque systems, even the most advanced ones, will be met with distrust. In the coming wave of AI-enabled health systems, the question will not be whether the technology works, but whether people believe it does.

Generative AI will reimagine and personalize consumers' online health research experience.

For two decades, people have researched their symptoms online before seeing a doctor. That behavior is now shifting from keyword search to digital conversation. Generative AI can combine medical knowledge, clinical guidelines, and personal context to help individuals understand possible causes, risks, and next steps. Instead of endless lists of search results, users receive structured guidance in a conversation format, informed by verified health sources and responsible triage protocols. These systems act as digital front doors to care, guiding users toward credible action rather than speculation. The challenge will be to ensure accuracy, safety, and equity as AI becomes the initial touchpoint in health. The first point of care is no longer a search bar but instead a trusted dialogue, redefining how people access, interpret, and believe medical information in their daily lives.

“Acute care will be defined not by walls, but by connectivity, data, and a shared trust in technology-enabled care.”



Dr. André Heeg

Managing Director & Partner

AI co-pilots will transform clinical workflows, freeing clinicians from administrative overload. By 2026, large language model-based co-pilots will become standard tools embedded in electronic health records. These systems automatically capture and summarize doctor-patient conversations, draft notes, and even generate first-pass replies to patient messages. Early pilots at US health systems are already achieving roughly 15% to 20% reductions in documentation time and notable drops in after-hours charting. This shift tackles one of medicine’s deepest pain points: clinician burnout and administrative overload. For patients, it translates into quicker responses and more engaged interactions; for hospitals, it boosts productivity without adding headcount. The challenge ahead lies in ensuring transparency about AI assistance, maintaining data security, and validating outputs clinically. Done right, these assistants will quietly redefine what it means to see a patient, freeing clinicians to focus on care, not keyboards.

Radiotheranostics will bring precision imaging and drug therapy together, transforming cancer diagnosis and treatment. Targeted drugs called *radiopharmaceuticals* (also known as *theranostics*) deliver radioactive isotopes directly to tumors identified through precision imaging, enabling diagnosis and treatment in a single step. As this therapy moves into mainstream cancer care, recent drug approvals and accumulating data from targeted trials mark a turning point. By 2026, earlier-stage prostate and neuroendocrine cancer patients will routinely receive these therapies, with more targets in late-stage

trials. The payoff is powerful: improved survival rates with fewer systemic side effects and potentially lower overall costs as treatments become more precise. Yet this progress requires investment in isotope supply chains, nuclear medicine capacity, and cross-specialty collaboration. In essence, theranostics make oncology more personal and predictable, as patients see their disease light up on a scan and then receive therapy guided by that very signal.

Hospital-at-home models will safely extend acute care into patients’ homes. Advances in remote monitoring, virtual rounds, and connected logistics are enabling complex hospital care to migrate safely into patients’ homes. Virtual wards now manage conditions such as heart failure, pneumonia, and post-operative recovery, cutting a patient’s hospital stay by up to 4 days and freeing thousands of bed days annually. In the UK, virtual ward capacity has reached roughly 20 beds per 100,000 adults; in the US, bipartisan efforts aim to extend Medicare’s Hospital-at-Home reimbursement through 2030. The benefits are clear: lower costs, faster recovery, and greater patient satisfaction. But scaling also raises new challenges, including issues related to reliable connectivity, caregiver burden, and equitable access. In the coming years, hospitals will operate as hybrid networks, and the boundary between bed and home will blur. Increasingly, acute care will be defined not by walls, but by connectivity, data, and a shared trust in technology-enabled care.

“Longevity will evolve from a wellness trend to the day-to-day infrastructure and backbone of modern health systems: preventive, data-driven, and designed for lifelong functional vitality.”

Dr. Iana Kouris

Managing Director



Healthy longevity will redefine aging as an era of vitality, purpose, and economic growth. Older adults are living longer, working longer, and consuming more—driving the world’s fastest-growing trillion-dollar market. But unlike earlier cohorts of aging adults, members of this generation value vitality and identity over age—the “youthspan” mindset. They invest in cognitive health, mobility, and purpose to extend independence. Cities, businesses, and brands are racing to become “longevity-ready,” building environments and products that are appropriate for 100-year lives. The winners will treat this group not as retirees but as active citizens and innovators, turning aging into an engine of economic growth and social renewal.

Longevity will evolve into a personalized prevention and health technology stack that makes aging measurable, modifiable, and monetizable. The next decade will see longevity shift from a wellness trend to the day-to-day infrastructure and backbone of modern health systems: preventive, data-driven, and designed for lifelong functional vitality. A fusion of AI, multi-omics, cellular rejuvenation, and continuous biomarker monitoring will

enable real-time measurement of biological age and predictive health modeling. As costs fall, longevity data will underpin preventive medicine, workforce health management, and insurance pricing. The leaders in related sectors will be those that control interoperable data ecosystems and validation standards. Over the next several years, longevity tech will evolve toward proactive biological optimization, creating value pools at the intersection of biotech, AI, and consumer health.

Health care will shift from sick care to continuous, data-driven health span management. New delivery models—longevity clinics, subscription prevention programs, and telongevity platforms—blend diagnostics, behavioral science, and personalized coaching. Payers are testing reimbursement tied to biological-age improvement, while digital twins support proactive risk prediction. The business opportunity lies in business-to-business-to-consumer ecosystems linking patients, providers, and data streams around continuous optimization.

“The economic impact will come less from a single blockbuster use case than from thousands of micro-savings in minutes, clicks, and avoided delays across every admission.”



Daniel Martines

Managing Director

Inpatient clinical automation will achieve scale within the next three years. Over the next three years, inpatient care will quietly be automated. Ambient documentation tools are already moving from pilot to standard equipment, with the ambient clinical documentation market estimated at around \$1.8 billion in 2024 and growing fast. Early cohort studies of Nuance DAX, an ambient scribe technology, show meaningful declines in EHR time and after-hours charting as the AI tool transcribes and structures documentation in the background. In parallel, the FDA has now authorized over 1,200 AI-enabled medical devices, including roughly 956 radiology tools, with more than 100 radiology algorithms added in 2025 alone. Together, this suggests that by 2028 a substantial share of inpatient documentation, imaging triage, and routine workflow steps will be machine-assisted. The economic impact will come less from a single blockbuster use case than from thousands of micro-savings in minutes, clicks, and avoided delays across every admission.

AI drug discovery will experience new breakthroughs. AI drug discovery is shifting from concept to pipeline reality. Systematic analyses of AI-native biotech companies find that AI-designed molecules are clearing Phase I at roughly 80% to 90%, versus historic industry averages closer to 40% to 65% for conventionally discovered drugs. Dozens of AI-designed candidates have now entered human trials, spanning oncology, fibrosis, and rare disease, with companies like Exscientia compressing the journey from hit to clinical candidate from years to under 12 months. Major pharma companies are signing billion-dollar discovery

collaborations to bolt these platforms onto existing R&D engines. No AI-designed drug has reached the market yet, but several are in Phase II and regulators are starting to validate AI tools inside trials themselves. If these early success rates hold, the next three to five years should see shorter discovery cycles, more shots on goal per dollar, and a shift in how pipelines are valued.

Precision medicine will go mainstream. Precision medicine is moving from niche programs to a core design principle for health systems and the pharma industry. According to industry research estimates, global precision-medicine revenues slightly exceeded \$100 billion in 2024. Those numbers are projected to reach roughly \$460 billion to \$470 billion by 2034, implying annual growth in the mid-teens as genomic testing, companion diagnostics, and targeted therapies spread across oncology, immunology, and treatment of central nervous system disorders. AI sits at the center of this expansion: models stratify patients by molecular profile, predict who will respond to which drug, and enable digital pathology and imaging biomarkers that replace some invasive procedures. The coming three years will not yet deliver precision therapy for every cancer patient, but they are likely to normalize AI-informed treatment decisions in many tertiary centers, accelerate label expansions for targeted drugs, and push payers toward contracts that pay for the right drug in the right patient rather than on volume alone.

“Medical affairs will be at the center of the next frontier of value unlocked from AI in pharma.”

Julius Neiser

Managing Director & Partner



Medical affairs will be at the center of the next frontier of value unlocked from AI in pharma. As commercial sales access tightens, medical affairs teams will play an increasingly strategic role in driving scientific engagement and communicating evidence. AI will empower this by accelerating medical writing (building on advances already proven in drug development) and by providing medical science liaisons with agentic training and role-play systems as well as “next-best medical action” engines that draw on lessons from AI in commercial functions. Together, these innovations will help medical affairs move farther away from reactive information delivery and closer toward proactive, insight-driven partnerships with health care professionals, ultimately ensuring that the right evidence reaches the right stakeholders at the right time.

Health care players with advanced AI capabilities will focus on a handful of transformative end-to-end AI use cases, while their less advanced peers will start twice as many but scale fewer. Our “Build for the Future” study showed that AI leaders focus on 40% fewer use cases per function than AI laggards. But AI leaders are nearly twice as likely to implement these use cases, and they scale 2.3 times as many of them. Doing less, better, drives more meaningful outcomes. Rather than distribute efforts and talent across dozens of pilots, successful health

care players concentrate on the few opportunities with true transformative potential, such as precision care, clinical workflow automation, and personalized patient/physician engagement. Crucially, they pair this focus with investment in change management: upskilling teams, redesigning processes, and ensuring trust in AI-driven decisions. Only through a disciplined, human-centered approach can health care organizations unlock AI’s full promise for clinicians, health systems, and ultimately patients.

Agentic AI will augment the health care workforce, not replace it. By 2026, the real competitive edge in health care will come from organizations that seamlessly integrate GenAI into the flow of human work, augmenting, not automating, the workforce. Rather than displacing employees who are performing scientific, developmental, access, and sales work, AI will act as a trusted partner in drafting clinical documentation, simulating patient interactions, and synthesizing evidence for decision support. The productivity gap between AI-augmented and nonaugmented teams will widen dramatically, with the former achieving 30% to 50% gains in effectiveness across core health care functions. Health care leaders will therefore shift focus from building tools to redesigning roles, training employees to work alongside intelligent systems, and embedding AI literacy in professional development.

“Payers and providers will complete the journey from AI-assisted to full agentic automation—with real-time resolution of medical claims, prior authorizations, and routine utilization reviews.”



Etugo Nwokah

Managing Director & Partner

Automation will become autonomous. Payers and providers will complete the journey from AI-assisted to full agentic automation—with real-time resolution of medical claims, prior authorizations, and routine utilization reviews. Catalysts are already in motion in the form of the Centers for Medicare & Medicaid Services’ interoperability and prior authorization mandates, payer investments in closed-loop APIs, and the rise of enterprise-grade AI agents that observe, plan, and act. The impact will be profound: 40% to 60% faster determinations, millions shaved off administrative costs, and frictionless care journeys that are less likely to lead to claim denials.

AI-driven payment integrity will redefine the front line against fraud, waste, and abuse. AI will move from retrospective policing to more sophisticated real-time prevention, transforming how payers safeguard public and commercial dollars. Machine-learning systems that once surfaced anomalies will run more advanced integrity checks, cross-reference multimodal data streams, and detect emerging fraud before a claim is paid. These next-generation models will combine behavioral analytics, graph intelligence, and natural-language reasoning to understand not just what looks wrong but why, and will take self-directed

action depending on the severity of the lead. For payers, this means reclaiming billions of dollars that are now lost to fraud and abuse while also improving provider trust through accuracy and explainability. Organizations can change their focus from chasing fraud after the fact to engineering integrity into every transaction.

A hybrid pharmacy ecosystem will emerge as transparency becomes the new competitive edge.

The pharmaceutical supply chain will settle into an evolved hybrid model in which scale and transparency coexist. The dominant pharmacy benefit managers will remain central to distribution, but they will continue to feel pressure from employers, payers, and regulators to open the black box on pricing, rebates, and administrative fees. At the same time, new entrants and platforms backed by group purchasing organizations are building alternative networks that use real-time pricing data and agentic AI to expose true drug costs, optimize benefit design, and manage the patient journey for prescription medications. Drug manufacturers will continue to move closer to patients and employers, experimenting with direct-distribution models that flatten the channel and cut waste.

“By empowering local workers and patients to understand potential risks sooner, AI tools will help bridge longstanding gaps in access to medical experts.”

James Topham

Principal



Readily available AI tools will bridge global gaps in medical assessment and treatment. GPT-5, with its claimed PhD-level intelligence across multiple disciplines, including health care, marks a major shift in how people can obtain medical knowledge globally. In low- and middle-income countries, where the access to health care is often limited, the use of large language models will grow rapidly. These readily available tools will enable community health workers to query symptoms or conditions in real time, identifying cases that may require urgent medical attention. For communities with sufficient infrastructure, this new capability represents a leap forward in early triage and informed decision making. By empowering local workers and patients to understand potential risks sooner, AI tools will help bridge longstanding gaps in access to medical experts. In time, it may support safe, localized interventions on topics such as the proper use of antibiotics without the immediate need for a doctor's visit, making health care knowledge available to those who may need it most.

Wearables will unlock a powerful new source of real-world patient data at a fraction of traditional costs.

Wearable devices have been part of everyday life for over a decade since the first Apple Watch debuted in 2015. For much of that time, they primarily tracked general fitness and wellness metrics. But recently wearables have gained medical-grade capabilities, with features such as the ability to track atrial fibrillation history receiving a degree of regulatory approval. This evolution is reshaping how health care professionals engage with wearable data. Recognizing the clinical value of

advanced wearables, doctors will start to incorporate the insights that they provide into diagnoses and treatment decisions. As more medically approved features emerge that offer unprecedented scale and efficiency, a new set of challenges will arise in areas such as ensuring data accuracy, integrating data from wearables into patient records, and safeguarding privacy. Understanding and solving these issues will be key to unlocking the full potential of this data.

As more health care providers adopt AI tools, ensuring value and reliability will be essential.

As political pressure and public awareness of AI grow, health care providers are accelerating their adoption of AI-powered digital tools. This rapid expansion heightens the importance of rigorous quality assurance. Providers must ensure not only that these tools are reliable but also that they deliver clear value through transparent monitoring and evaluation. The health care industry will see a rise in evaluation and testing methods that clinicians can easily understand, enabling them to directly compare the performance of different AI products and models. For systems that continuously learn, such as those trained on medical images that clinicians have reviewed and labeled, health care providers must revalidate each updated version of the AI model before use to confirm measurable improvements, a starkly different approach from the current one-time-evaluation procurement process. Over time, the divide between data engineering and clinical understanding will narrow, and clinicians will gain greater autonomy to use, assess, and refine AI-driven solutions themselves, increasing efficiency and improving patient outcomes.

“Using AI for R&D will be essential for biotech and large pharmaceutical companies alike.”



Dr. Gunnar Trommer

Managing Director & Partner

AI will compress drug discovery from years to months. AI—and now especially agentic AI—will further accelerate the identification and development of new drugs, reducing the length of the process from years to months for nearly all disease areas. Using AI for R&D will be essential for biotech and large pharmaceutical companies alike. AI can design molecules to precisely target proteins or even parts of a protein. AI can also simulate how these molecules will interact and behave in the body to avoid undesired binding, for example, or to prevent negative immune reactions. Expensive human clinical trials can be compressed at the very end of drug development for mere validation of what AI has already computed, with much higher trial success rates.

Humanoid AI robots will transform how clinicians deliver care. The first humanoid AI robots will soon begin assisting clinicians to serve patients in hospitals, long-term care facilities, and even independent living or at home. Remote contactless monitoring and wearables will collect vital signs and contextual environmental data, detecting health problems early, ideally before symptoms even

appear. Human-in-the-loop systems and even some fully autonomous AI systems will make care administration less burdensome, and humanoid robot-assisted caregivers and clinicians can manage and deliver care much more efficiently. AI-generated voice and video will play a key role in the emotional and mental health aspects of care as well.

AI will power health care ecosystems that connect sleep, nutrition, exercise, and mindfulness. Holistic health solutions targeting the magic quadrant of sleep, nutrition, exercise, and mindfulness will emerge, using AI to integrate data from multiple sources more easily. AI can also provide useful recommendations and help with treatment or intervention by means of wearables, monitoring sensors detection, and intelligent home action. The self-pay, subscription business models of these solutions mean that initially only affluent users will be able to afford them. A key question going forward will be how to provide access to these holistic health and prevention solutions for less affluent, less healthy users.

“The health content creator ecosystem will mature from scattered influencers to organized communities that shape how people learn about and manage their health.”

Alice Wilson

Partner



Communities of health content creators will mature and expand. In 2026, the health content creator ecosystem will mature from scattered influencers to organized communities that shape how people learn about and manage their health. The creator economy will surpass \$500 billion by 2027, according to an analysis by Goldman Sachs, and health content will be among its fastest-growing segments. A BMJ Open study found that 40% of Gen Z adults first seek health information on social platforms such as TikTok or YouTube before consulting a clinician. This poses both a risk and an opportunity for traditional providers. Those that collaborate with credible creators—through partnerships, co-creation, and education—will be best positioned to counter misinformation and build trust. Early examples include leading institutions experimenting with TikTok collaborations and YouTube shorts. The winners will turn online credibility into real-world engagement.

AI-powered tools will redefine the health care employee experience. In 2026, AI will start addressing the shortfall in the health care workforce—but not in the way many observers might have expected. Rather than replacing clinicians, AI will support the non-clinicians and other administrative staff that keep the operation running. Facing a shortage that the WHO estimates at 10 million workers by 2030, the health care industry must focus on

retention, talent development, and workforce mobility. Generative and predictive AI tools are already transforming recruitment, scheduling, onboarding, and training—matching candidates to roles, streamlining workflows, and personalizing development. Epic is piloting AI assistants to reduce administrative load, while Oracle Health is embedding AI into recruiting and workforce-management platforms to identify talent faster and create more dynamic career pathways.

AI-generated health treatment plans and virtual coaches will go mainstream. After reshaping fitness and wellness, personalized AI coaching will move decisively into consumer health care. In 2024, Pew Research reported that over 60% of people had used an AI chatbot for a health-related query. Regulators are evolving—FDA draft guidance now outlines pathways for adaptive AI-based software. In 2026, domain-specific large language models will power individualized treatment plans, virtual health coaches, and dynamic monitoring for chronic and reproductive health. Companies such as **Hertility Health** are already building clinically validated systems that can deliver safe, contextualized advice. Following the path of wellness apps, these AI companions will provide continuous digital conversational guidance grounded in real data. The next competitive edge will lie in trust, balancing personalization with privacy and clinical rigor.



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