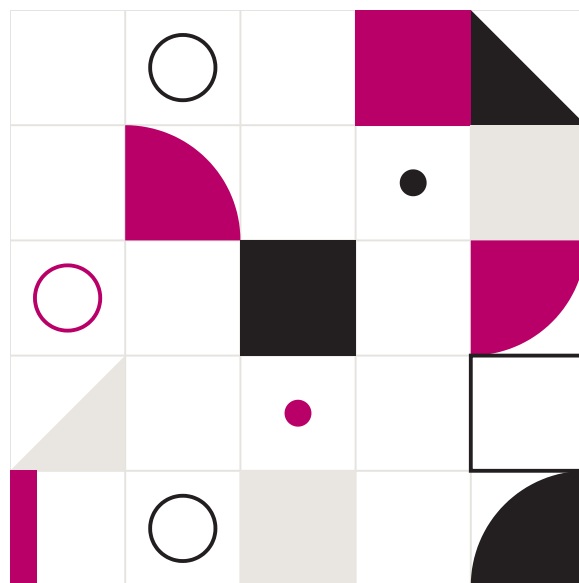




EXECUTIVE SUMMARY · 2026

AGI in Healthcare

Redefining Compliance, Administration, and the
Integrated Health System

What looks like a cost problem in employer-sponsored healthcare is, at its core, a coordination failure. This summary distills the paper's core argument, key data, and recommended next steps.

AGI in Healthcare: Redefining Compliance, Administration, and the Integrated Health System

Forsure Research · 2026 · forsure.ai · research@forsure.ai

INTRODUCTION

This paper examines why the U.S. employer-sponsored healthcare system is breaking down, and why the trajectory toward Artificial General Intelligence (AGI) will reshape it more fundamentally than any prior technology cycle.

For readers newer to the term, today's AI tools are the building blocks. Each one is good at a single task, like reading a document, flagging a claim, or answering a question. AGI is the finished, fully built system those blocks make possible: an intelligence that can reason, plan, and act on its own across an entire workflow at the level of a PhD trained expert. If AI is the box of Lego pieces, AGI is the completed kit, the pieces assembled into something that runs the whole job from start to finish, not one step at a time.

It is written for CHROs, benefits leaders, and employer health plan decision-makers who are evaluating how to position their organizations for the operating model that is already beginning to replace the current one.

Forsure is an AI-native decision intelligence platform for healthcare and insurance. This summary distills the paper's core argument, key data, and recommended next steps.

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- **The institutions that design now for the AGI-era operating model will help define how it works.** Those that wait will operate under terms set by the institutions that did not.

A coordination failure, not a cost problem



What looks like a cost problem in employer-sponsored healthcare is, at its core, a coordination failure. The system was built for a world where fragmentation could be tolerated, delays absorbed, and human coordination could compensate for broken workflows. That model no longer holds.

The root cause is a system that cannot see its own failures in real time. Decisions arrive after the events that should have shaped them. Information moves too slowly across too many disconnected parties. And 93% of physicians report that prior authorization, a core coordination mechanism, directly delays necessary care (AMA, 2024).

“

This is what a coordination structure looks like when it has **passed its operating limit**.

THE NUMBERS CONFIRM IT

\$26,993 Average family premium in 2025 (KFF)	+9.5% Projected employer cost rise in 2026 – with pharmacy growing 11–12%	63% on 1% Specialty drugs' share of spending growth – on just 1% of drug volume
\$90B Consumed annually by routine administrative tasks	\$20B Eliminable today with existing technology (CAQH, 2024)	93% Of physicians: prior authorization directly delays necessary care (AMA, 2024)

ONE COORDINATION FAILURE

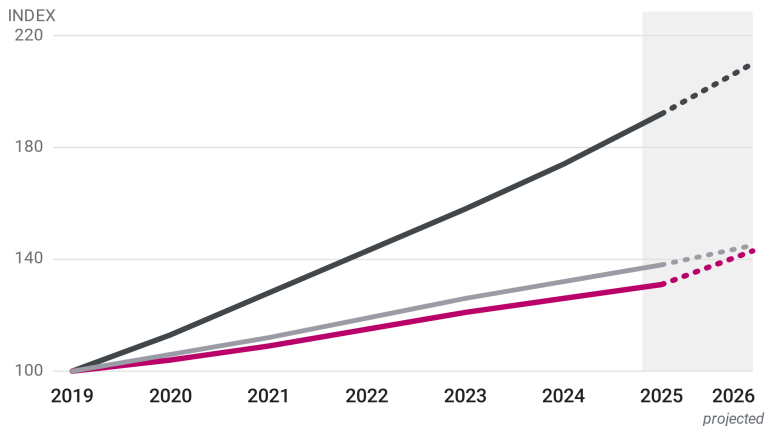
Three cost signals, rising together

ONE COORDINATION FAILURE

The problem in one frame

Premiums, pharmacy spend and administrative waste are climbing in lockstep — three readings of a single failure.

Family premiums Pharmacy spend Administrative waste



\$26,993

Average family premium in 2025, up from \$20,576 in 2019.

11–12%

Annual pharmacy cost growth — the fastest-rising spend category.

\$90B

Spent every year on routine administrative tasks (CAQH).

■ **Cost is the visible outcome.** Coordination failure is the operating reality underneath it.

Sources: KFF Employer Health Benefits Survey, 2025 · CAQH Index, 2024 · Aon, 2025 · Business Group on Health, 2026 Survey.

Exhibit A. The problem in one frame. Premiums, pharmacy spend and administrative waste, indexed to 2019 — three cost signals rising together, one coordination failure.

Read together, these curves describe a single condition rather than three separate cost problems. Premiums, pharmacy spend and administrative waste all climb because the coordination layer beneath them cannot intervene while events are still in motion — it can only report what already happened.

The AGI-era operating model is already being designed



The path forward is to recognize that a new operating model, built around AGI-era decision intelligence, is already being designed. The National Bureau of Economic Research estimates that AI adoption in healthcare could produce **\$200–\$360 billion in annual savings**. That opportunity belongs to organizations that act on it.

THE TRANSITION WILL MOVE UNEVENLY — BY DESIGN

ADMINISTRATIVE COORDINATION FIRST

→ **Autopilot**

Prior authorization, eligibility, claims routing, and pharmacy management will move to autonomous agentic systems in the near term (1-3 years). The cost of error here is bounded and reversible. This is autopilot territory.

CLINICAL DECISION-MAKING REMAINS HUMAN-LED

→ **Co-Pilot**

AI will augment, not replace, clinicians. The cost of error is borne by individual patients. This is co-pilot territory, deliberately and permanently.

■ **Pharmacy spend intelligence becomes a competitive advantage.** As PBM information asymmetry erodes, employers with real-time visibility across claims, formulary, and utilization data will renegotiate contracts and build direct-to-employer drug pathways that the current model makes impossible.

■ **Data integration does not require starting over.** Forsure's Cosure technology, a post-API plug-in and desktop application, connects existing claims, HR, and pharmacy systems to AGI-era intelligence without requiring a full infrastructure overhaul. Most employers can begin today.

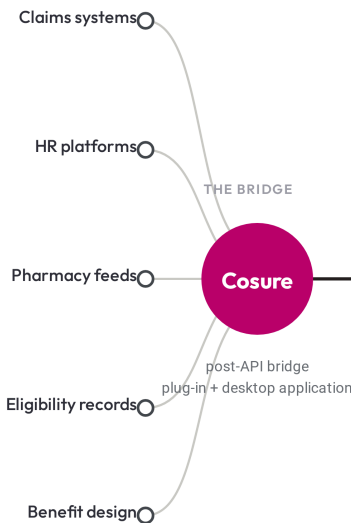
Forsure addresses this transition through two integrated products: **SureSystem™** (agentic operational intelligence for claims, prior authorization, pharmacy spend, and member engagement) and **SureConsult™** (human expert guidance to translate AI-driven insights into strategy, governance, and change management). Together, they form the operating layer the AGI-era health system requires.

THE FORSURE OPERATING MODEL

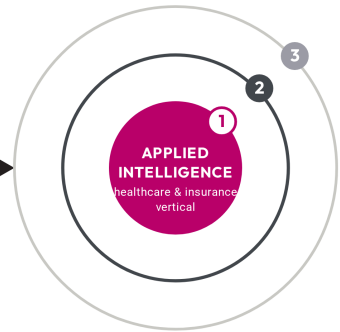
An architecture built for the AGI transition

General intelligence as the capability ceiling; vertically tuned intelligence beneath it as the execution layer. Today's systems connect on the left; reasoning deepens toward the core.

EXISTING ENVIRONMENT



THE OPERATING MODEL



- 1 Applied-Intelligence Layer**
Healthcare & insurance vertical — delivered through two interlocking products
SureSystem™ — agentic operational intelligence: prior auth, claims, pharmacy, member engagement
SureConsult™ — human expert guidance: strategy, governance and change management
- 2 Frontier-Models Layer**
General-purpose reasoning
Anthropic · OpenAI · Google DeepMind · Meta · NVIDIA
- 3 Infrastructure Layer**
Ingests & standardizes data
Claims · Eligibility · Pharmacy · Network · Benefit design

■ **Cosure connects today's systems without an API rebuild** — the bridge between where the market is now and where the AGI-era operating model requires it to be.

Exhibit B. The Forsure platform — a three-layer architecture delivered through SureSystem™ and SureConsult™, and bridged to existing systems by Cosure.

Three actions for decision-makers, now

Pharmaceutical companies and frontier AI labs are already converging into integrated platforms that control the supply, the data, and the decision logic of healthcare simultaneously. What emerges on the other side of this transition is a system organized around different assumptions about where intelligence lives.

The institutions that design now for the AGI-era operating model will help define how it works. Those that wait will operate under terms set by the institutions that did not. For decision-makers, three actions are relevant now:

01

Audit your administrative infrastructure

Identify where prior authorization, eligibility, claims, and pharmacy workflows still depend on manual assembly. These are the first workflows AGI-era agents will take over and the first place cost and delay savings will materialize.

02

Establish your AI governance baseline

NIST AI 600-1, Colorado's AI Act, and the EU AI Act are all in effect or taking effect in 2026. Organizations that treat compliance as a design requirement will retain the ability to deploy the systems that are beginning to define competitive operations.

03

Request the full research paper and connect with Forsure

The paper covers the complete AGI transition timeline, proof points, compliance architecture, and platform roadmap. Contact research@forsure.ai or visit forsure.ai to schedule a conversation.

FORSURE RESEARCH

Request the full research paper

Contact research@forsure.ai or visit forsure.ai to schedule a conversation.
