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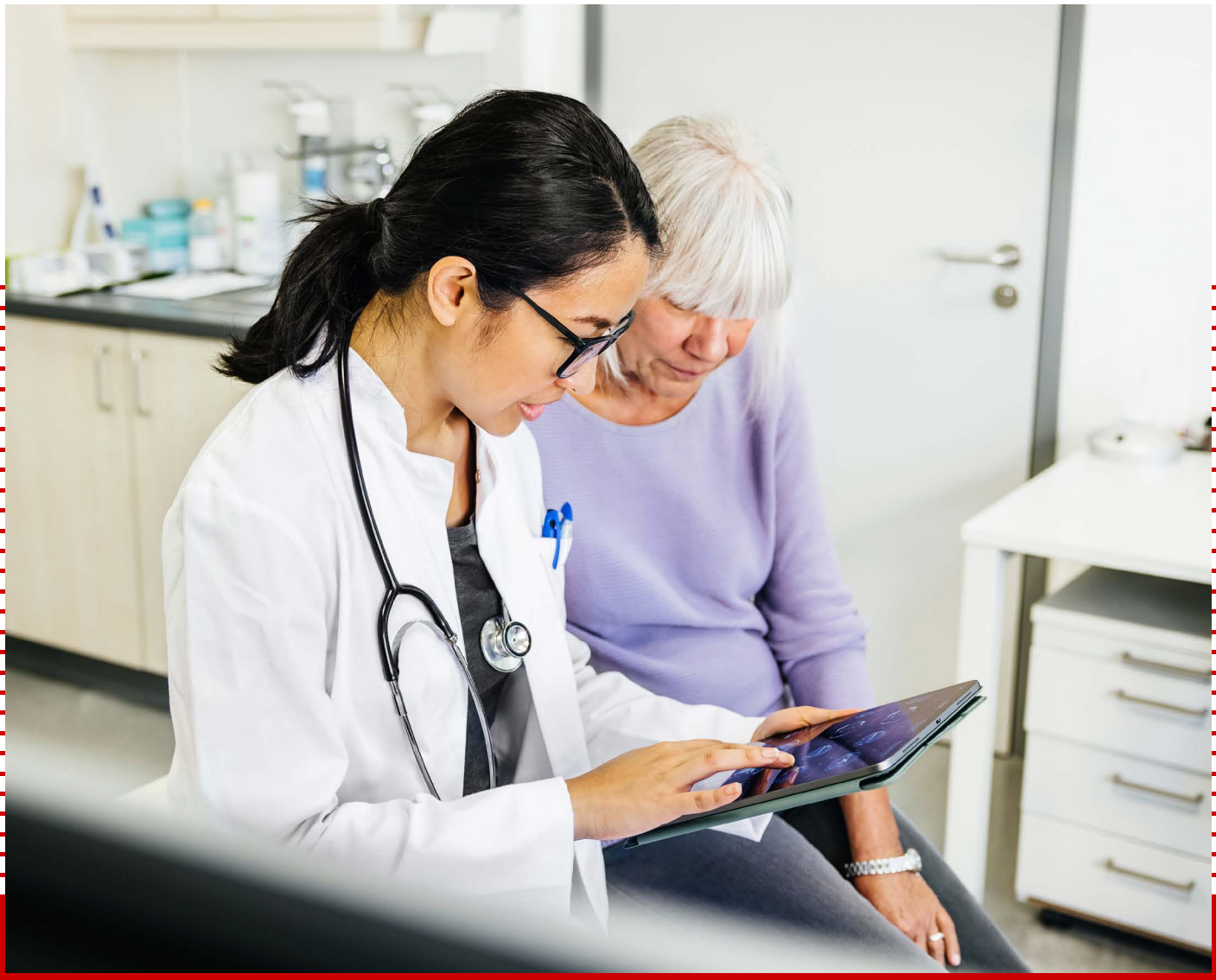

Asia-Pacific Front Line of Healthcare 2026

Consumers expect more, clinicians are stretched thin, and AI is reshaping what's possible.

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At a Glance

- Asia-Pacific patients have become consumers: more demanding, more informed, seeking more preventive care, and spending more across every health category.
- But providers are burned out. One in five doctors in the region is actively considering switching organisations, driven by excessive workloads, a lack of recognition, and burnout.
- Artificial intelligence (AI) could provide an answer—but capabilities are developing faster than organisations can adopt them.

Asia-Pacific Front Line of Healthcare 2026 is Bain & Company's fourth biennial report on healthcare trends and opportunities in the region. For this report, we surveyed 600 doctors in Australia and the Philippines and 6,300 consumers across nine Asia-Pacific markets.[1]

The results reveal widening tensions across the healthcare system: consumer expectations are rising faster than experience can keep up, clinicians are ready to walk away from overburdened systems, and artificial intelligence (AI) capabilities are outpacing organisational readiness.

Our data reflects a reality already underway and surfaces critical choices to help CEOs prioritise and execute their strategy for the next 18 months.

Persistent pain points

The friction consumers and clinicians are experiencing is an expression of a deeper, structural imbalance between surging demand and constrained supply.

The Asia-Pacific region is home to 60% of the world's population and bears a disproportionate share of the global disease burden, yet it accounts for only 22% of global healthcare spending. Health worker density remains critically low: On a population-weighted basis, emerging Asia-Pacific countries average roughly 1.6 doctors per 1,000 people. Excluding China, this average drops near 0.9 doctors per 1,000 people. For reference, the World Health Organization recommends a minimum of 2.5 physicians per 1,000 people, while many Organisation for Economic Co-operation and Development nations average 3.7.

Long wait times remain the top consumer frustration, consistent with our three previous reports *(see Figure 1)*. This issue cuts across mature and emerging systems, privately and publicly funded alike, and mirrors patterns seen in the US and UK.

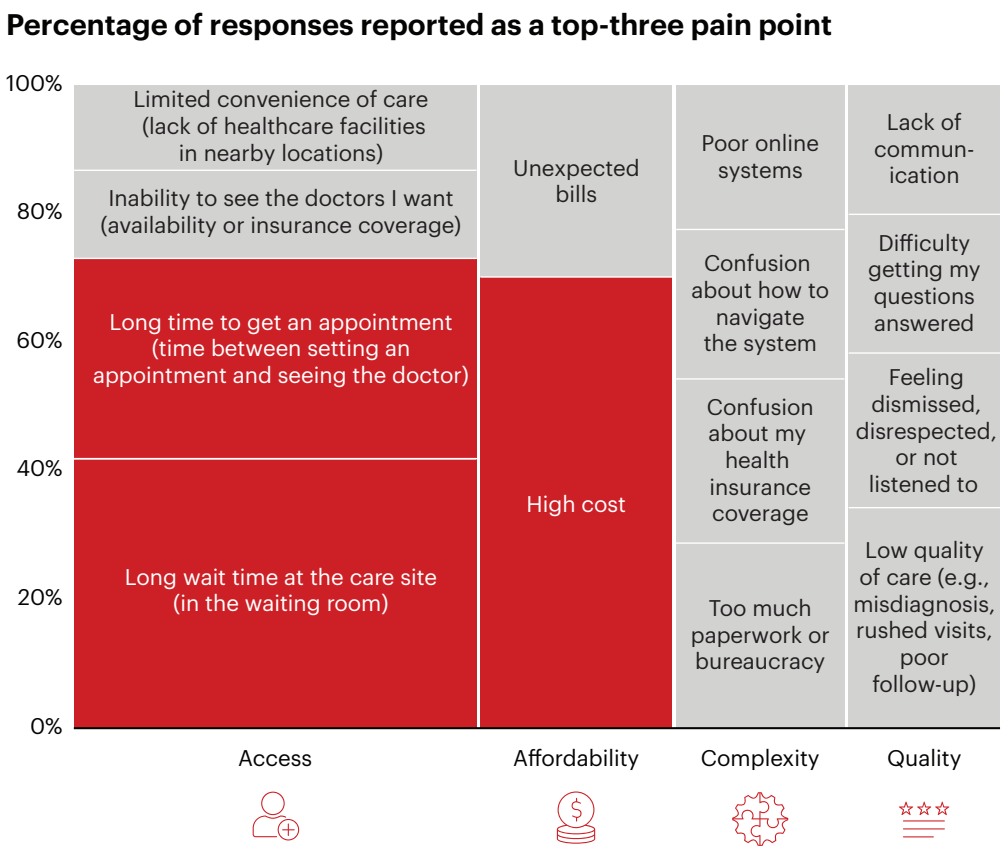
Cost and complexity compound the problem. High out-of-pocket costs often deter or delay care, even among insured populations, while billing and coverage complexity add friction and erode trust. The consequences are tangible: Fewer than 70% of chronic patients report having regular checkups, citing high cost as their primary barrier.

Doctors are feeling the strain too, particularly in public systems, where they reported significantly lower job advocacy compared to physicians in private hospitals. In both mature (Australia) and emerging (the Philippines) markets, doctors ranked "professional development" and "technology and tools" as their most valued professional dimensions—ahead of compensation. Yet only about 30% of doctors reported feeling very satisfied with either dimension.

Our longitudinal, cross-region research on the frontline of healthcare suggests a strong correlation between physician involvement in strategic decision-making and employee Net Promoter Scores (eNPS), which measure the extent to which clinicians would recommend their organisation as a place to work to a friend or colleague. Asia-Pacific doctors who feel engaged reported eNPS up to 36 points higher than those who do not.

Approximately 30% of doctors believe recruitment and retention at their organisations have become more difficult since 2023, and 20% say they're actively considering switching organisations. These sentiments

Figure 1: Long wait times remain one of the greatest pain points for patients



Note: Q15: What were the greatest pain points you experienced with the healthcare system over the past 12 months? Please select up to three choices.
Source: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300)

Figure 2: One in five doctors is considering switching organisations, primarily due to excessive workload and a lack of recognition

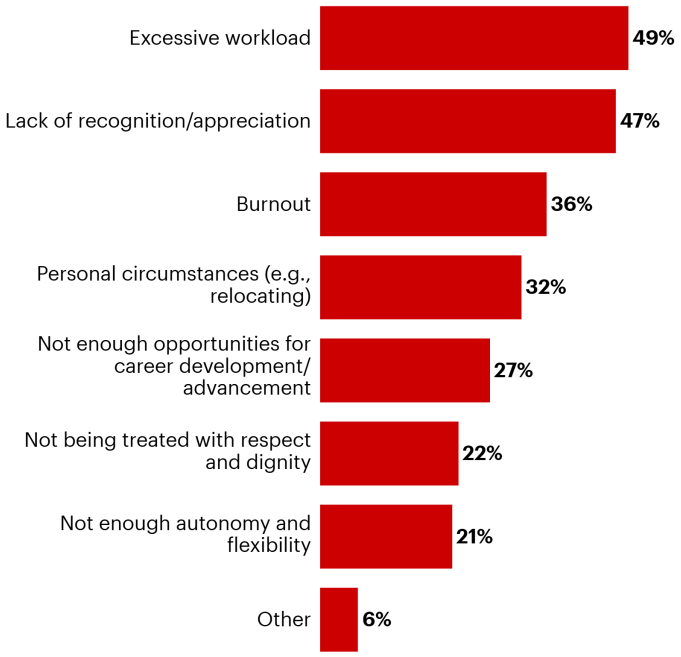
Considering switch

20%

of **doctors** are considering **switching organisations**

Excessive workload is the top reason for considering switching organisations

Percentage of doctors citing reasons for switching organisations (2025)



Notes: Q19: To what extent do you agree with the following statements? (Statements were "Considering switching careers" and "Considering switching employers"); Q20: What is contributing to you considering switching employers?
Source: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300)

are driven not by compensation, but by excessive workloads, a lack of recognition, and burnout *(see Figure 2)*.

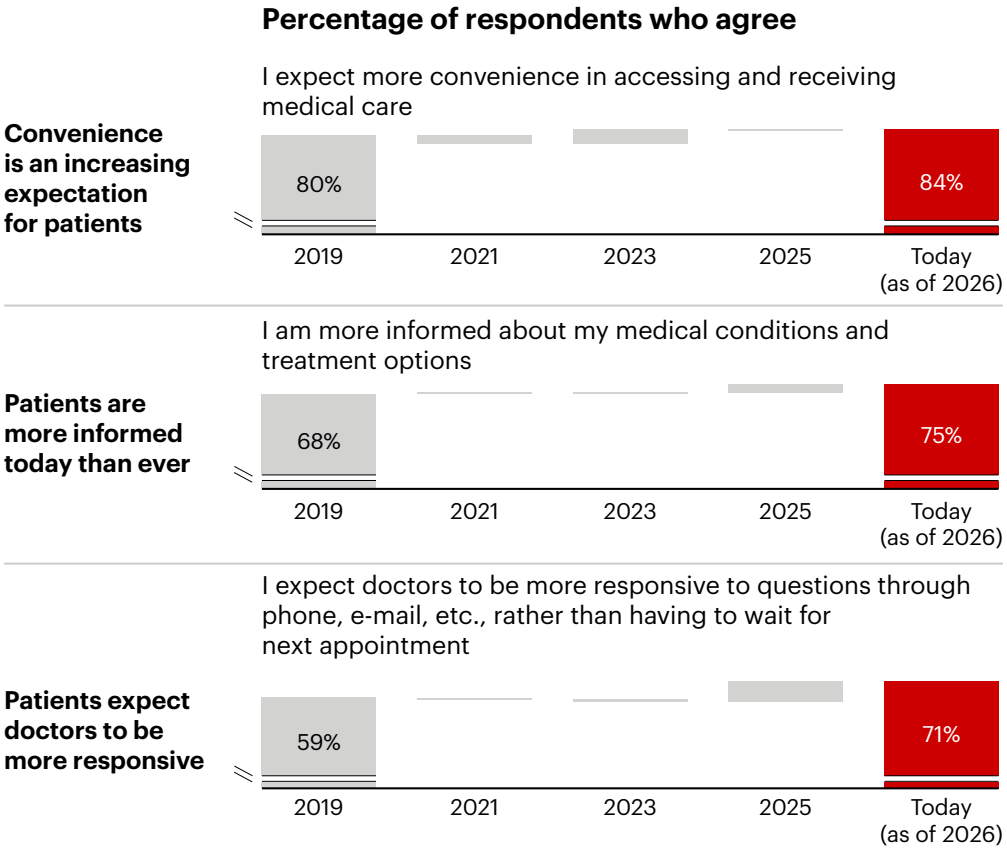
Frontline trends

Several forces are reshaping how care is sought and delivered across the region, including consumerism, expanded care sites, fragmentation, and AI. These trends are also changing what it takes to secure a competitive advantage.

Consumerism

Asia-Pacific patients are becoming consumers. Eighty-four percent expect healthcare to be more convenient today than two years ago, and 71% expect doctors to be more responsive via phone, WhatsApp,

Figure 3: Consumer expectations around convenience, medical education, and provider responsiveness continue to increase



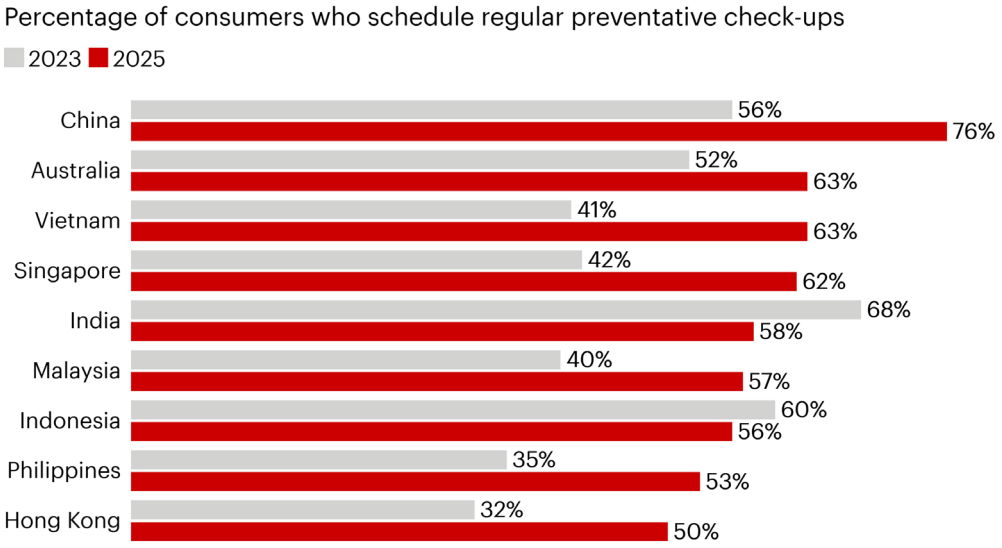
Note: Q14: Compared to two years ago, to what extent do you agree with the following statements about you today?
Sources: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300); 2023 (n= 2,300); 2021 (n=1,750); 2019 (n= 1,823)

or email vs. waiting for a next appointment *(see Figure 3)*. This shift is being amplified by the rapid global adoption of AI-based tools. Nearly 70% of the Asia-Pacific consumers we surveyed reported using AI tools to better understand a medical diagnosis or treatment plan.

Preventive care increased decisively compared to prior surveys. Sixty percent of consumers reported scheduling regular checkups and screenings in 2025, compared to only 47% in 2023. Every country except India and Indonesia reported a steep increase in preventive care; China led the region, with 76% of consumers scheduling regular check-ups *(see Figure 4)*.

Consumers also reallocated personal budgets toward health and wellness. Net spending increased across every consumer health category over the prior 12 months. Nutrition supplements saw the biggest jump (43%), followed by fitness and exercise (34%) and oral healthcare (31%).

Figure 4: In most Asia-Pacific countries, more consumers are scheduling regular check-ups



Note: Q20: Which statement best describes your approach to preventive healthcare?
Sources: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300); 2023 (n= 2,300)

Care everywhere

In 2019, roughly 50% of patients supported moving nonemergency care to alternative sites. That intent has translated into action. Today, nearly 60% of consumers receive care in alternative settings such as walk-in clinics and patient homes, and via phones and wearables.

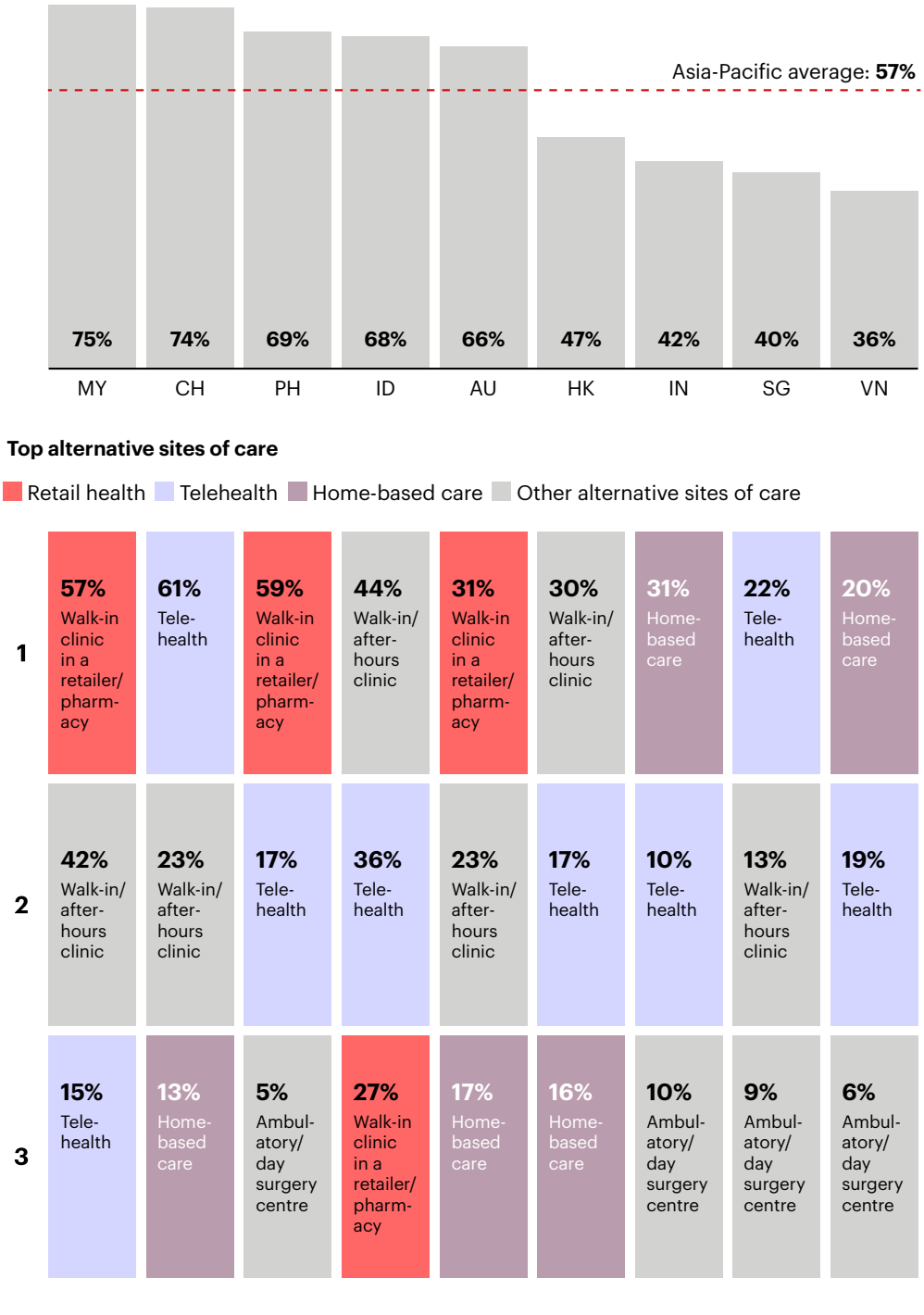
Uptake varies by market: Walk-in clinics in retail or pharmacy settings are the top alternative care sites in Malaysia, Australia, and the Philippines; walk-in and after-hours clinics lead in Indonesia and Hong Kong; home based care leads in India and Vietnam; and telehealth dominates in China and Singapore *(see Figure 5)*.

This shift has strong physician support. Across specialties, surgeons said they would ideally perform 30%–42% of procedures in ambulatory surgical centres (ASCs); only 15%–25% are performed in ambulatory settings today *(see Figure 6)*. Even in medical oncology—where hospital-based care remains dominant—clinicians indicated a clear intent to move care into lower-acuity environments.

Clinicians cited "patient preference" as the primary driver for shifting care to an ASC. They also perceive ASCs as more willing to invest in cutting-edge equipment and believe the shift would increase the volume of care delivered overall.

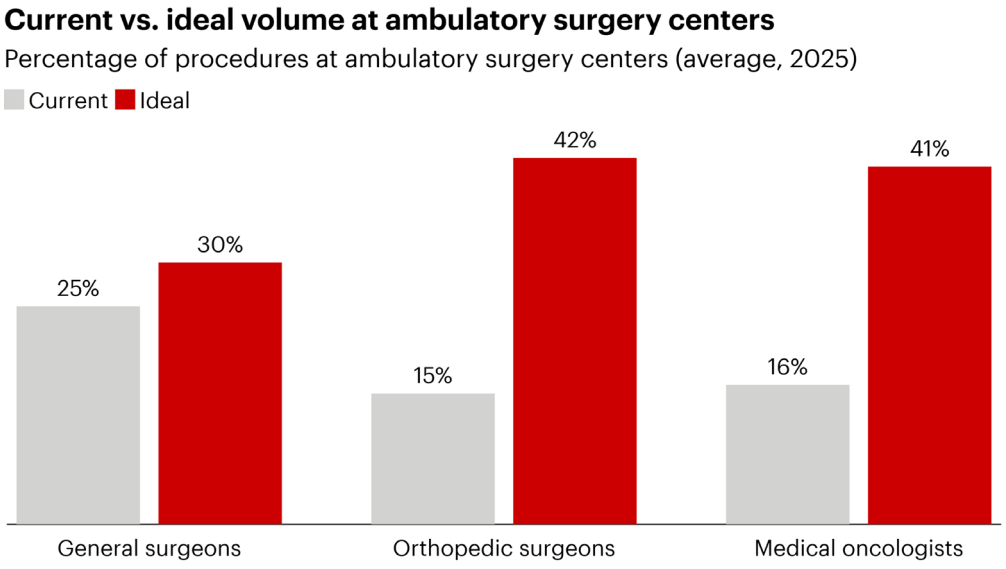
Figure 5: On average, 57% of Asia-Pacific consumers have used an alternative site of care in the past 12 months

Percentage of consumers who have used alternative sites of care in the past 12 months, 2025



Note: Q13: Have you used any of the following medical facilities for yourself/your immediate family members in the past 12 months?
Source: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300)

Figure 6: Doctors want to shift more procedural volume to ambulatory care settings



Note: Q45: Of all the procedures you perform today, what percentage would you ideally like to perform in a day surgery centre/ambulatory surgery centre (ASC) if you could?
Source: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300; n=20 general surgeons, n=20 orthopaedic surgeons, n=21 medical oncologists)

Telehealth adoption doubled across the Asia-Pacific region between 2019 and 2021, then moderated everywhere except India and China.

In India, telehealth adoption plummeted below its 2019 baseline, dropping to 10% penetration in 2025. Telehealth continues to be used for non-acute cases. However, because the market remains largely cash pay, payer-driven steerage toward tele-consultations has been limited.

China was an outlier on the upside. There, telehealth adoption reached 61% in 2025, rising 37 percentage points from 2019 *(see Figure 7)*.

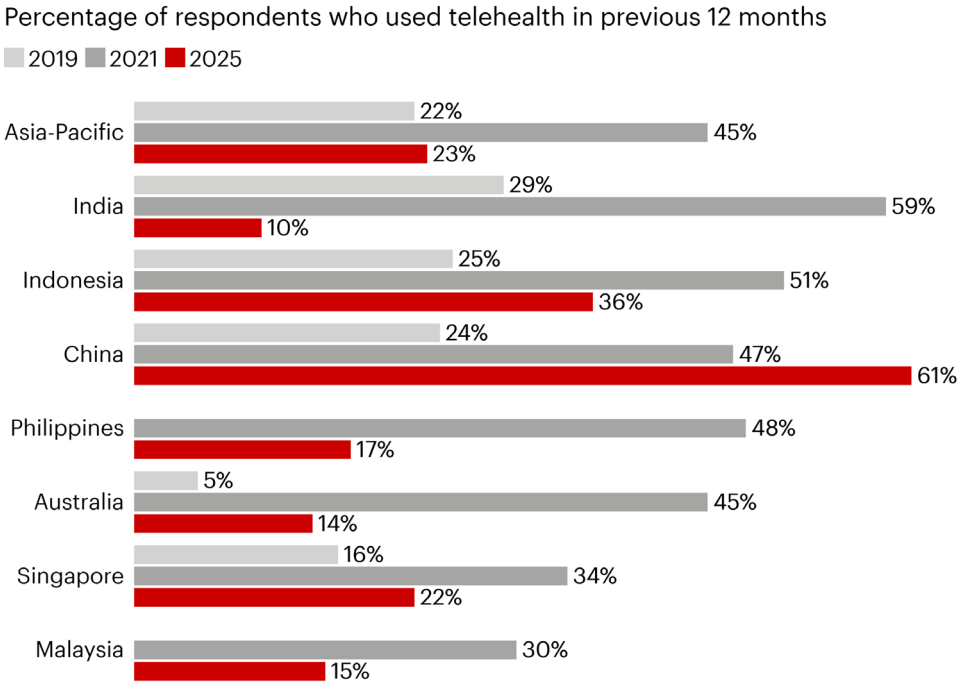
A majority of doctors (65%) and consumers (70%) agree on an important boundary: telehealth is a complement to, not a substitute for, in-person care. Even with strong digital adoption, roughly 76% of consumers in China hold this view.

Fragmentation

As the number of channels, providers, and touchpoints multiply, fragmentation is becoming an increasing challenge.

For many patients, the care journey is a series of disconnected episodes plagued by repeated information requests, duplicated diagnostics, and challenging navigation. Half of the consumers we surveyed were

Figure 7: Telehealth penetration moderated but remains above pre-Covid levels in all countries except India, where usage has plummeted



Note: Q28: For which of the following services have you used digital health tools/apps in the past 12 months?
Sources: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300); 2021 (n=1,750); 2019 (n= 1,823)

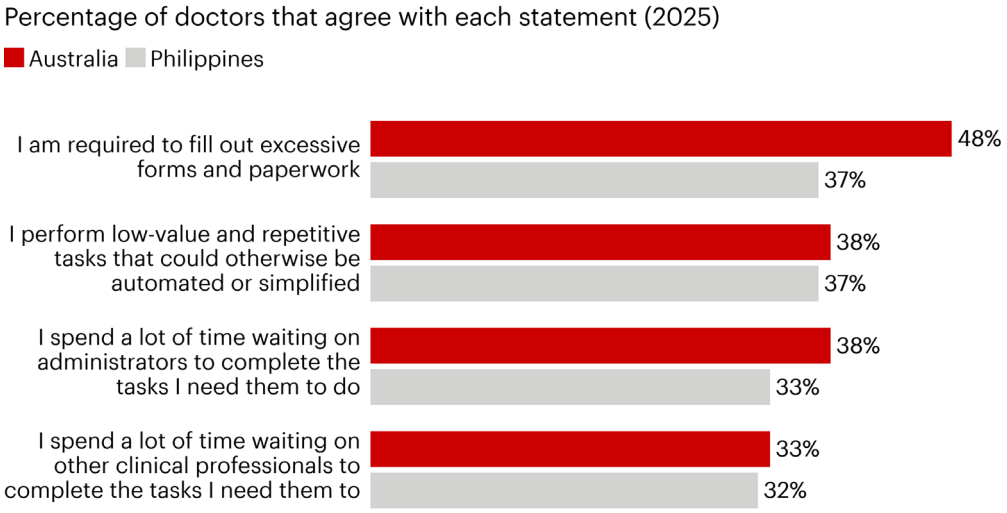
sent to multiple providers and locations before receiving the right diagnosis or treatment, and more than 40% received inconsistent advice across clinicians. It's even worse for patients with chronic conditions; 55% of those consumers reported having to see multiple doctors to fulfil their healthcare needs.

Coordination gaps also burden clinicians. In both mature and emerging markets, about one in three doctors has observed significant waste and inefficiency in their organisations. Excessive forms and paperwork were a chief complaint, and roughly 40% said they perform low-value, repetitive tasks that could be automated or simplified. Physicians also reported spending a substantial amount of time waiting for administrators to complete necessary tasks *(see Figure 8)*.

The consumers we surveyed were clear about what they want: 95% prefer a single touchpoint for managing their healthcare, up from 70% in 2019. Excluding China, approximately 60% to 75% of respondents prefer in-person interaction as their primary coordination point.

More than 80% of consumers believe a primary care physician should serve as the first point of contact—maintaining patients' longitudinal health history, guiding prevention, and coordinating referrals. However, access to primary care is far from universal. About a quarter of consumers in the region lack a primary

Figure 8: Clinicians experience significant waste and inefficiency in their organisations



Note: Q29: How much do you agree or disagree with each statement about efficiency and waste at your organisation?
Source: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300)

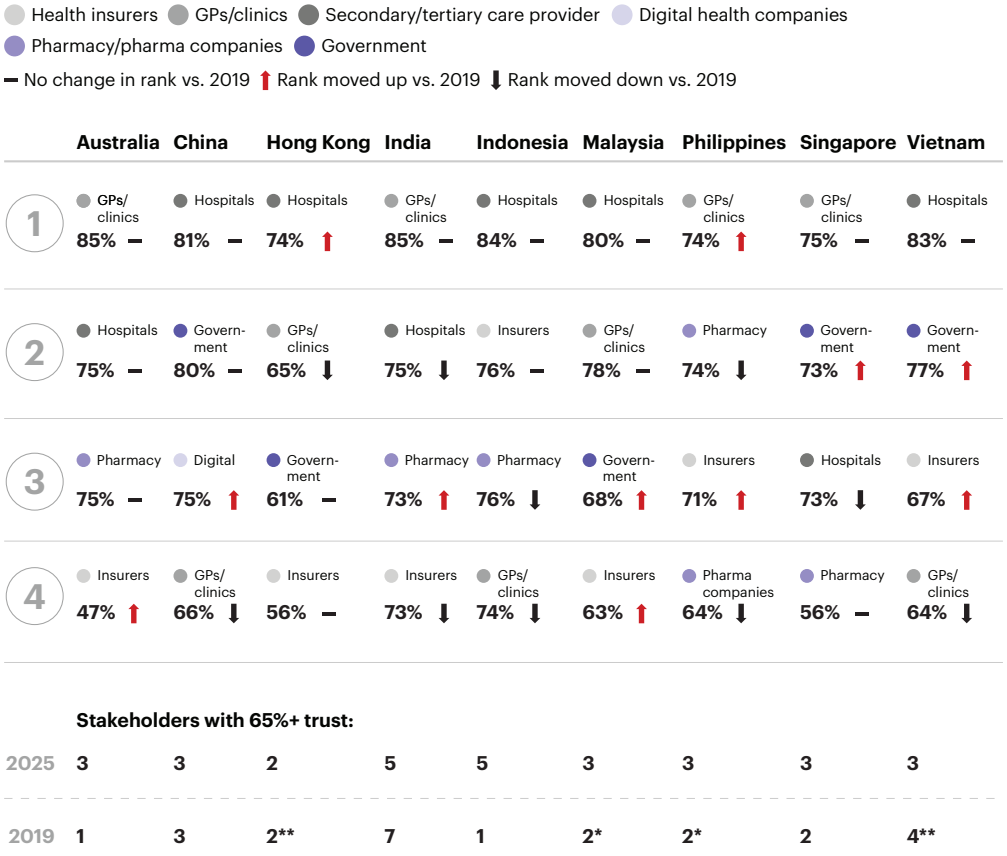
care physician, with Malaysia (39%), Hong Kong (38%), Indonesia (33%), and China (27%) reporting the largest gaps.

However, patients are increasingly open to working with alternative care coordinators. Consumer trust has eroded across healthcare stakeholders overall, although non-traditional providers have moved up in the consumer trust rankings. Indonesia saw the biggest lift: Only one stakeholder type—hospitals—was trusted by 65% or more Indonesian consumers in 2019, compared to five today.

Traditional providers (GPs/clinics and hospitals) remain the most trusted entities across the region, followed by governments, health insurers and pharmacies. However, stakeholder trust has shifted differently across markets *(see Figure 9)*:

- Traditional providers' relative trust ranking declined in China, Hong Kong, India, Indonesia, Singapore, and Vietnam.
- Health insurers and health management organisations' trust increased in Australia, Malaysia, the Philippines, and Vietnam.
- Digital health companies became the third most trusted stakeholder in China, closely trailing hospitals and the government—despite losing relative standing in most other Asia-Pacific markets.

Figure 9: In most markets, consumers have increased their trust in various healthcare stakeholders beyond providers



Notes: Q17: How much do you trust the following to manage your overall healthcare and coordinate your treatment with other healthcare providers in your country?; (*) Comparison with 2021; (**) Comparison with 2023
Sources: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300); 2019 (n= 1,823)

AI-enabled care

AI-enabled care is gaining ground across the Asia-Pacific region but with an important caveat: consumers want technology to make healthcare more accessible, responsive, and reliable—not less human.

Consumer acceptance of AI is generally higher in the Asia-Pacific region than in the US, with nearly three-quarters of Asia-Pacific consumers reporting they feel comfortable with at least one AI-enabled healthcare application. Consumers are most comfortable with use cases that support clinicians and improve efficiency, such as AI-assisted documentation, clinical decision support, and automated analysis of medical exams and test results.

Support is stronger for AI adoption that enhances human interactions rather than replacing them. Still, more than 35% of Asia-Pacific consumers reported feeling comfortable with AI-only call centres, medical advice, diagnoses, and treatment plans *(see Figure 10)*.

In-person appointments remain the preferred channel when caring for a minor illness or non-acute symptom like a cold, sore throat, or rash *(see Figure 11)*. Consumers are least likely to prefer chatbot-led diagnoses or treatment.

Approximately one in three doctors said their organisations are not prepared to deploy AI at scale, held back by unclear strategies, limited training, and insufficient clinician involvement.

Doctor sentiment closely mirrors patients'. Physicians reported optimism about integrating AI into healthcare, hoping it will reduce their administrative burden and workload, while remaining concerned it could undermine the value of the patient-clinician relationship *(see Figure 12)*. These views were consistent across the US, the UK, and the Asia-Pacific region.

While consumers and clinicians are becoming more comfortable with AI-enabled care, their healthcare organisations aren't keeping pace. Approximately one in three doctors said their organisations are not prepared to deploy AI at scale, held back by unclear strategies, limited training, and insufficient clinician involvement.

This readiness gap is compounded by broader digital maturity constraints. Beyond telehealth, foundational technology adoption remains limited across the region. Even in Australia, the adoption of care management systems, workforce and workflow management tools, and revenue cycle management solutions remains low *(see Figure 13)*. A plurality of Australian doctors expressed interest in using these technologies but noted that progress is stalled by a lack of funding and resources.

Strategic opportunities

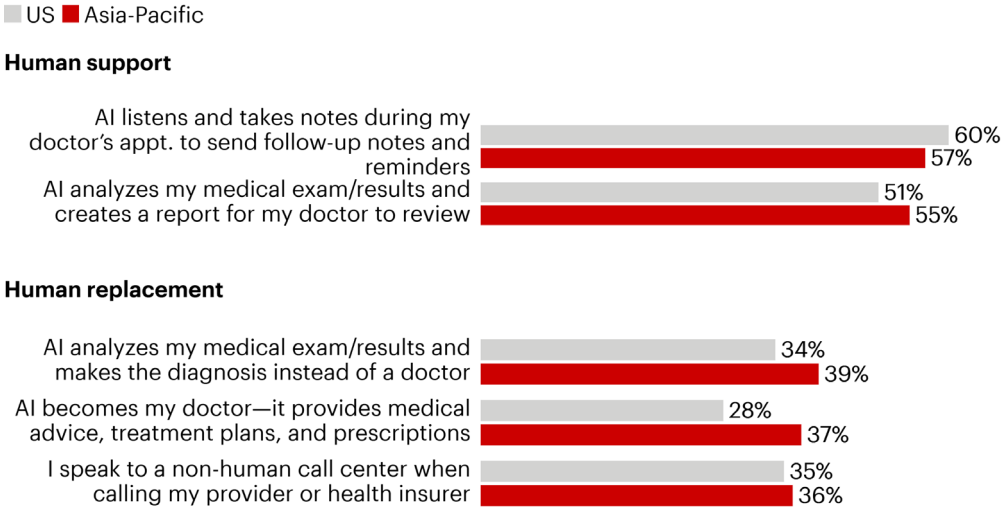
Asia-Pacific healthcare companies can leverage these trends to their advantage by focusing on five key opportunities:

1. Become a trusted coordination point for your customers

Patients' desire for a single, trusted, in-person touchpoint to manage their healthcare needs is nearly universal *(see Figure 14)*. Preference for in-person visits remains strong across markets, even as digital adoption rises overall.

Figure 10: Asia-Pacific consumers are more comfortable using AI for human support vs. human replacement

Percentage of consumers reporting feeling comfortable with each AI application



Note: Q46: To what extent are you comfortable with each of the following applications of generative artificial intelligence in healthcare?
Sources: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300); Bain US Consumer Survey, 2025 (n=500)

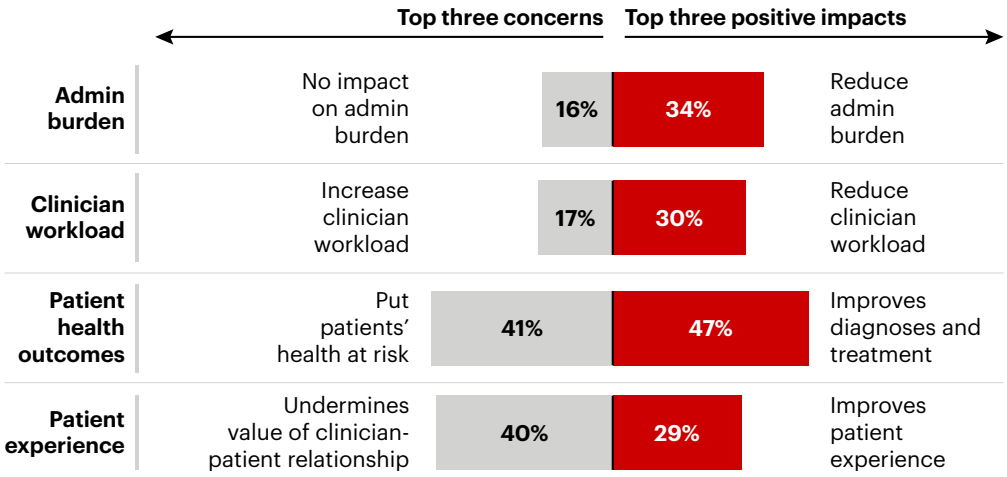
Figure 11: Patients prefer in-person appointments for non-acute symptoms

Percentage of consumers who selected each setting as their preferred one for a sick visit (2025)

Notes: Q18: When you need a sick visit for a minor illness/non-acute symptoms (e.g., cold, sore throat, rash), which type of medical care below would you most prefer and which would you least prefer?; net preference is the difference between the percentage of respondents who rated each type of visit as "most preferred" and the percentage responding "least preferred"
Source: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300)

Figure 12: Doctors expect AI to reduce administrative burden and workload, but fear it could undermine the value of the clinician-patient relationship

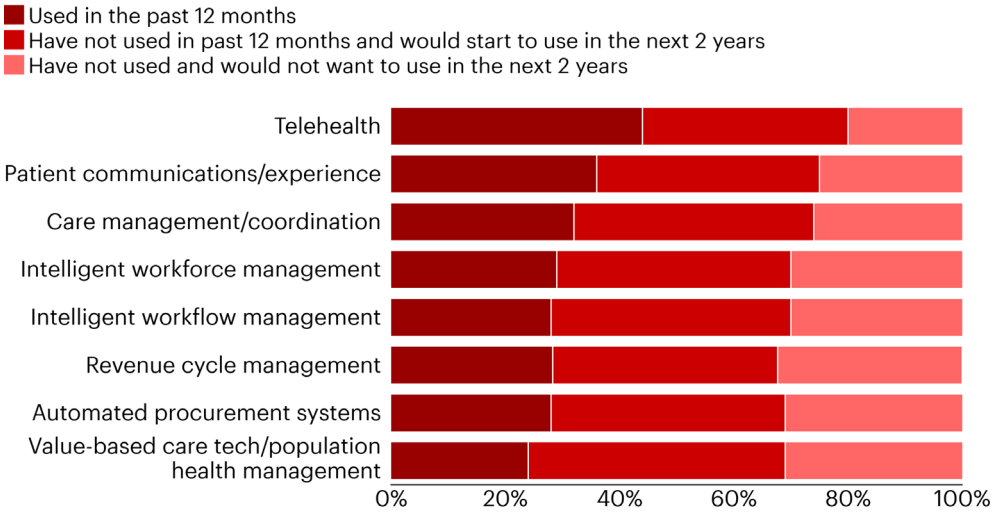
Percentage of respondents selecting dimension as top three concerns and top three positive impacts of AI



Notes: Q53: What positive impacts do you believe the incorporation of generative AI tools/use cases may have on your organisation?; Q54: What are your greatest concerns with incorporating generative AI tools/use cases at your organisation?
Source: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300)

Figure 13: Telehealth leads digital health adoption among doctors, but fewer than half actively use any single technology

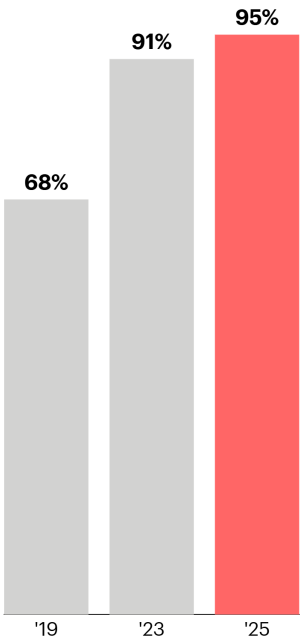
Percentage of respondents in Australia indicating use pattern, by technology (2025)



Note: Q47: From the list of digital health technologies below, which (1) have you/your organisation used in the past 12 months, (2) have you/your organisation not used in past 12 months and would start to use in the next two years if able to, or (3) have you/your organisation not used and would not want to use in the next two years?
Source: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300)

Figure 14: Most consumers want a single, in-person touchpoint to manage their healthcare needs

Percentage of respondents preferring single instead of multiple touchpoints



Percentage respondents who prefer a single virtual touchpoint

<30% 30–50% >50%

	2019	2023	2025
China	30%	62%	54%
Singapore	63%	40%	42%
Hong Kong	N/A	40%	42%
India	40%	39%	37%
Indonesia	30%	37%	40%
Vietnam	N/A	35%	33%
Philippines	N/A	26%	31%
Australia	33%	26%	24%
Malaysia	N/A	23%	30%

Notes: Q19: Thinking about how you prefer to access healthcare services, which of the following options would you most and least prefer?; Q36: Do you have a preferred primary care doctor or general practitioner to look after your healthcare needs?
Sources: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300); 2023 (n= 2,300); 2021 (n=1,750); 2019 (n= 1,823)

Human relationships remain a core aspect of care delivery. To treat customers how and where they want to be seen, healthcare leaders must build connected outpatient ecosystems to attract patients early and keep them engaged over time. This means moving beyond episodic interactions and integrating primary and specialty care, diagnostics, pharmacy, and day surgery across channels into a coordinated model with shared data and clear accountability. In markets where competition is intensifying, outpatient-led acquisition and longitudinal retention can reduce referral leakage, increase share of wallet, and lift patient lifetime value.

Who should own this role and become the singular touchpoint?

Primary care has inherent potential but has long been underinvested in and constrained by capacity. General practitioners are often stretched too thin to manage complex patient panels, track referral

outcomes, or stay current on evolving clinical evidence. AI has the potential to change this equation with tools designed to handle administrative tasks, track longitudinal views, and support clinical decision-making.

However, because primary care access is not uniformly strong across the region, alternative touchpoints may serve as stronger coordinators. A specialist hub, pharmacy-led clinic network, payer-sponsored navigation platform, or digital front door could fill the role. In China, for example, most consumers prefer using a digital app or hotline—contrary to the in-person-anchored preferences that dominate elsewhere in the region.

While the format may vary by market, one principle is consistent: someone must own the patient relationship, guide referrals, and remain connected between visits. In a fragmented system, the competitive advantage will go to the default starting point—and the continuous thread—across the patient journey.

2. Redesign care journeys around moments that matter most

Consumers have more care choices today, and positive experiences translate directly into higher retention and share of wallet. Across the region, patients who are "promoters" of their healthcare provider (based on Net Promoter Score, or NPS) are 2.5 times more likely to stay with their provider and twice as likely to expand their use of services compared to "detractors" *(see Figure 15)*. In markets such as Indonesia, the Philippines, and China, retention and increased share of wallet are up to four times higher for promoters.

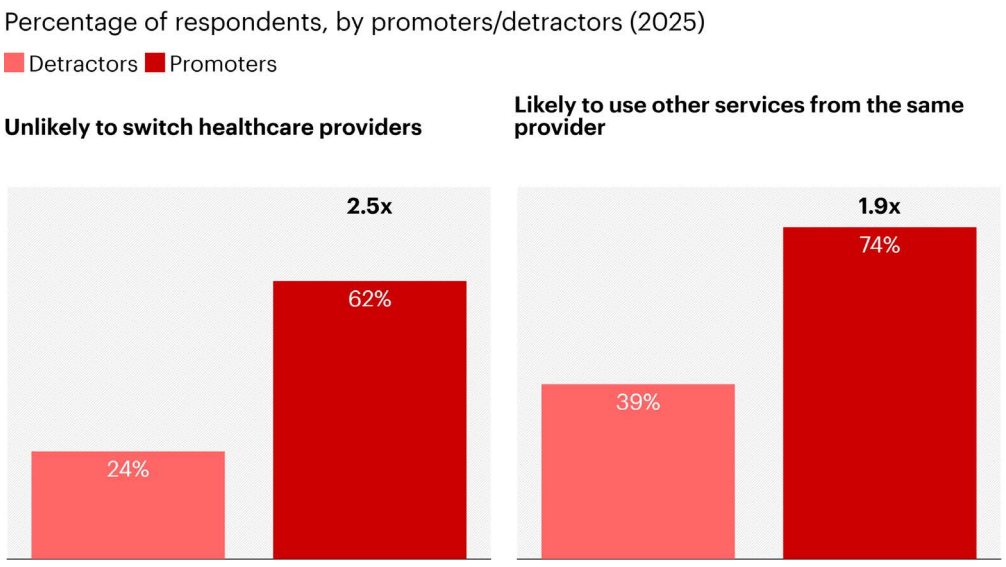
However, not all touchpoints are equal: a small number of high-impact interactions disproportionately impact a consumer's likelihood to recommend their healthcare provider. In our research, billing and coverage-related interactions are the strongest creators of detractors in the Asia-Pacific region—and the lowest-performing experiences. Moments with the highest potential to create promoters or detractors—which we call "moments of truth"—vary by market, underlining that there is no one-size-fits-all solution *(see Figure 16)*.

Improving the customer experience requires moving beyond isolated satisfaction scores to redesigning end-to-end journeys around the moments that matter most. It also requires real-time feedback loops to address root causes and drive continuous improvement.

Embedding digital tools and AI can help providers rewire complex workflows rather than simply layering automation onto broken processes. However, fewer than 60% of doctors in Australia believe their organisations have systems in place to address recurring patient pain points. Even fewer believe the patient experience is deeply embedded in their organisation's culture.

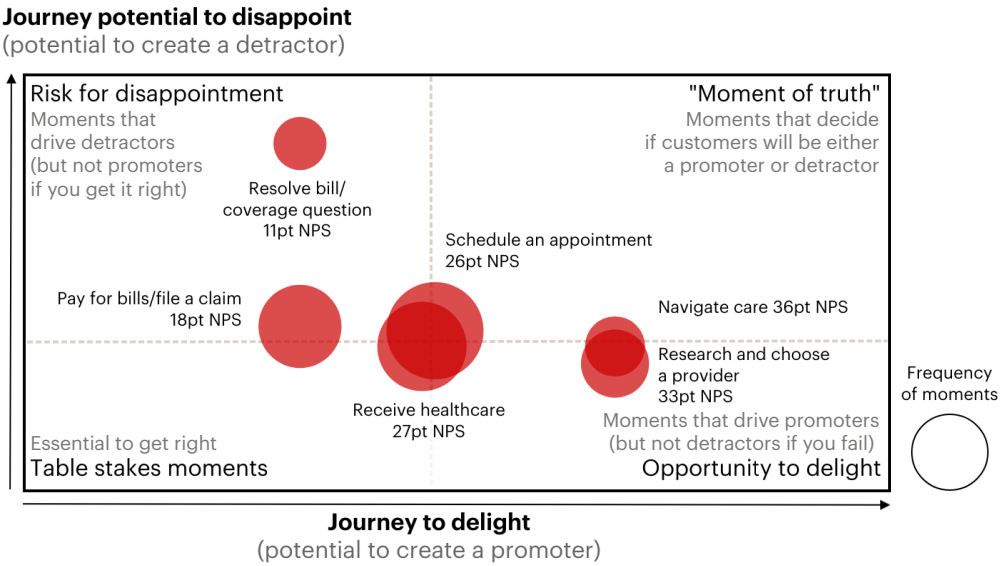
Ultimately, organisations that position customer experience at the centre of their strategy—and link it to financial outcomes—will be best positioned to convert rising consumer expectations into a sustainable competitive advantage.

Figure 15: Patient experience strongly influences retention and utilisation



Notes: Q41: How likely are you to switch healthcare providers after this experience?; Q42: How likely are you to use other services from the same provider, provider office, or health system after this experience?
Source: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300)

Figure 16: In the Asia-Pacific region, billing and coverage issues are the strongest creators of detractors



Notes: Q38: Which of the following activities have you personally experienced with a healthcare provider in the past 12 months, including assisting/accompanying an individual you are a caregiver for?; Q40: To what extent did this experience increase or decrease your likelihood of recommending that healthcare provider to a friend or colleague?
Source: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300)

3. Implement value-based care (VBC) principles

High cost remains one of the most persistent consumer pain points across the region, and more than 70% of doctors acknowledge the need to balance clinical outcomes with affordability. Structural pressures, including ageing populations and an accelerating chronic disease burden, cannot be resolved through incremental efficiency gains. Leaders need a fundamentally different approach to financing and measuring care and for creating accountability.

Ultimately, organisations that position customer experience at the centre of their strategy—and link it to financial outcomes—will be best positioned to convert rising consumer expectations into a sustainable competitive advantage.

Value-based care (VBC) may be the key to driving this transformation, as it encompasses a range of reimbursement models that progressively shift accountability from volume to value. International examples demonstrate that moving from cost-based to outcome-linked reimbursement consistently drives shorter stays, greater pathway standardisation, and a sharper focus on care efficiency.

Reform momentum is building across the region. Examples include diagnosis-related groups and bundled payment adoption in China and India, as well as prevention-focused capitation through Singapore's Healthier SG initiative. However, most markets remain in the early-to-mid stages of VBC adoption. Only a handful of countries have started embedding outcome-level or population-level accountability into their payment architecture.

The willingness is there. More than half of the doctors we surveyed (56%) are more interested in VBC models today than they were two years ago, citing VBC's ability to drive efficiency in patient care, improve patient satisfaction, and deliver higher-quality care *(see Figure 17)*. Doctors also noted they would be more willing to shift to VBC if there were evidence-based protocols, more reliable data systems, and a lower reporting burden—factors that make VBC models measurable, attributable, and administratively workable.

The bottleneck isn't clinician resistance; it's the operational backbone VBC requires to succeed. Less than a third of doctors reported broad implementation of value-based payment models in their organisations.

Building organisational readiness requires action on three fronts:

Figure 17: Physician interest in VBC has increased since 2023

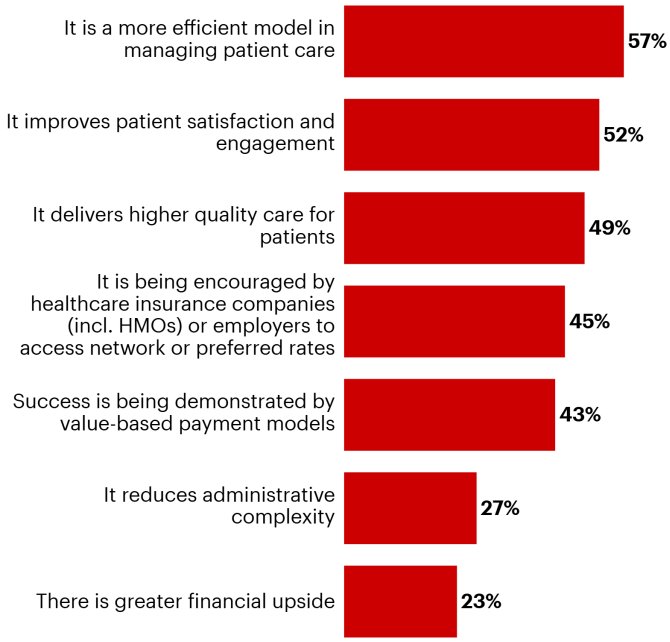
More interested

56%

of **doctors today** indicated they are **more interested** in value-based payment models than in 2023

Top three reasons for increased interest in value-based payment models

Percentage of doctors indicating top-three factor driving increased interest in value-based payment models (2025)



Notes: Q40: What is your current view of value-based care models (more interested, less interested, or view hasn't changed compared to two years ago)?; Q41: Why are you more interested in value-based payment models today?
Source: Bain Asia-Pacific Front Line of Healthcare Survey, December 2025 (providers n=600; consumers n=6,300)

- Payers and providers need to build the measurement backbone to standardise outcome metrics, integrate data platforms, and streamline reporting.
- Providers need to standardise care pathways before scaling risk. This can be achieved by co-designing protocols with clinicians, treating protocols as prerequisites to outcome accountability.
- Healthcare systems need to gradually align clinician incentives with system-level reform, layering outcome-linked incentives onto existing compensation with "shadow periods" before financial consequences apply. Clinicians should also be involved in designing these metrics. Implemented well, value-aligned compensation can enable more time per patient and support more sustainable ways to practice.

4. Treat AI as a business transformation

Significant opportunities are ahead for payers and providers in the Asia-Pacific region that:

- Treat AI as a business transformation rather than a feature.
- Close the readiness gap to scale AI successfully.

Ninety-five percent of healthcare leaders believe AI will significantly transform revenues, costs, or administrative burdens. More than half of organisations already deploying AI report achieving a meaningful ROI within 12 months.

Patients are equally optimistic. In our survey, consumers believed AI could improve how they research and select providers (65%), resolve billing and coverage questions (58%), navigate care (55%), manage payments (50%), and schedule appointments (49%)—covering many of their recurring pain points.

Early waves of adoption have centred around clinical documentation, ambient scribing, medical coding, and administrative productivity tools. Meanwhile, many of the highest-opportunity areas remain largely untapped—such as revenue cycle processes, workflow gaps in triage, provider contracting, and stop-loss management on the payer side.

Still, we can see what high-impact AI investment looks like in practice. Apollo Hospitals built a self-learning clinical decision support platform covering 1,300 conditions, which is maintained by more than 500 in-house clinicians. Similarly, Singapore General Hospital's PErioperative AI CHatbot (PEACH) encodes perioperative guidelines into a large language model, enabling clinicians to triage preoperative patients, generate care plans, and navigate more than 400 pages of guidelines with 98% documented accuracy. Across 25,000 preoperative patients, PEACH has saved an estimated 660 doctor hours annually. Ping An Good Doctor's AI agents handle up to 4 million consultation requests per day, reducing the average service cost by roughly 52% per doctor. These examples all share a commitment to proprietary clinical assets and deliberate workflow redesign, rather than layering AI on top of existing processes.

The readiness gap is primarily driven by leadership, workforce, and operating model issues—not the technology itself. To avoid getting stuck in unscalable pilots, organisations must advance technology readiness and people readiness together. On the technology side, organisations require modern data foundations; connected, real-time clinical data; and robust AI governance. On the people side, it means investing in training and change management. Employee value propositions must be reinforced to build workforce trust and buy-in, not as a follow-on to deployment, but as a prerequisite for it.

Leading organisations are concentrating on a small number of bigger bets, fully reimagining the workflows that matter most, and modernising their workforce in lockstep. Leadership needs to develop both the skills and the mindset to lead AI-powered transformations—including revised human-agent decision rights, blended functional boundaries, and management systems that dynamically link workflow and workforce changes. Ecosystem partnerships can also help them combine speed with clinical safety.

5. Elevate your clinician engagement

The clinician experience is one of the most urgent strategic priorities for healthcare leaders across the Asia-Pacific region. It is the connective tissue that determines whether strategic opportunities are realised or stalled.

The issue extends well beyond talent retention. There is a direct, well-documented link between clinician experience, the quality of the patient experience, and clinical outcomes. Research consistently shows that higher nurse burnout correlates with elevated patient mortality and failure-to-rescue rates. Conversely, positive clinician experience is associated with higher patient satisfaction, improved treatment adherence, stronger physician–patient relationships, and better overall quality of care. Clinician experience is not a parallel priority to patient experience—it is a precondition for it.

The clinician experience is one of the most urgent strategic priorities for healthcare leaders across the Asia-Pacific region. It is the connective tissue that determines whether strategic opportunities are realised or stalled.

Our survey findings reinforce this dynamic. In Australia, nearly 90% of doctors in public hospitals agree that clinician experience materially impacts the patient experience. Yet fewer than 45% believe their organisations have systems in place to solve recurring patient pain points, or that their leadership is visibly committed to the patient experience. Likewise, less than half said clinician experience is routinely measured or actively managed in their organisations.

Clinician engagement matters deeply to the future of healthcare. The shift to AI-enabled operating models requires clinicians to be co-architects of workflow redesign. VBC depends on clinicians adhering to standardised pathways and sharing risk. And the opportunity to create a single, trusted coordination point is only as strong as the clinician relationships that anchor it.

Fortunately, the factors that drive clinician satisfaction are largely within an organisation's control. High-performing organisations invest in career growth; provide adequate staffing flexibility; equip clinicians with tools to practice at the top of their licence; build a culture of recognition, teaming, and inclusion; and involve doctors meaningfully in shaping the direction of the organisation.

However, our survey found that foundational enablers of care delivery—such as seamless technology, integrated information systems, and effective teaming and workflows—frequently fall short in the Asia-Pacific region. In Australia, a significant number of doctors (35%) said they do not always have what they

need to operate at their full potential. About one-third also reported inadequate staffing and ineffective workflows, and 29% said they are unable to work at the top of their licence for most of their workday.

Redesigning the clinician value proposition requires a structured approach across three interconnected areas:

- Healthcare leaders need to map the relative importance clinicians place on each dimension of their professional experience and assess satisfaction at a granular level by role, specialty, setting, and geography.
- Leaders must then prioritise improvements that have the greatest impact on eNPS, focusing their efforts where the importance-satisfaction gaps are widest.
- Clinician engagement must become an embedded organisational principle. The positive correlation between doctor involvement in decision-making and eNPS is one of the most consistent longitudinal findings in our global research.

With clinician engagement and trust, transformation is possible. Organisations that attempt to transform without clinical buy-in will likely face resistance, low adoption, and accelerating attrition. In a region where healthcare demand is rising and clinical talent is increasingly scarce, elevating the clinician value proposition is a strategic imperative.

Implications for key stakeholders

Payers: Stop administering claims. Start owning care.

Insurers have a unique opportunity to play the role of the single, trusted healthcare coordinator. If they continue to operate primarily as claims processors, they will be progressively commoditised while providers, retailers, and digital disruptors move in to fill the coordination vacuum.

What belongs on your agenda now:

1. **Redesigning highest-friction member interactions, starting with billing.** Billing and coverage questions are simultaneously the most impactful and worst-performing interactions according to Asia-Pacific customers. Map your "moments of truth," measure NPS at each touchpoint, and build real-time feedback loops to drive continuous improvement. Every billing interaction that creates a detractor is a retention problem with a direct financial cost.
2. **Moving from passive reimbursement to active care stewardship.** Clinician interest in value-based models is rising, but these remain largely unimplemented. Build care coordination capabilities, align provider incentives to patient outcomes, and deploy analytics to identify and intervene on high-risk members before costs escalate.

3. **Deploying AI where administrative burden is highest.** Auto-approving low-risk authorisations, flagging claims anomalies, and identifying rising-cost cohorts are executable now. However, impact depends on clean data foundations and workflow redesign, not just tool deployment.

The cost of inaction: Payers that remain transactional will lose relevance to providers and digital platforms that move faster to own the patient relationship. In a consumer-driven system, the coordinator wins.

Providers: The relationship is the asset. Protect and extend it.

Patients aren't leaving healthcare; they're leaving fragmented, episodic experiences in search of continuity. Providers that optimise only for isolated procedures and inpatient volume will plateau as valuable patients leave for stronger, more consistent coordinators.

What belongs on your agenda now:

1. **Building an outpatient ecosystem before someone else does.** More than 60% of consumers receive care in alternative settings, and clinicians want to move more procedures into ambulatory environments. Providers that integrate primary care, diagnostics, pharmacy, day surgery, and digital follow-up into a coordinated outpatient model will capture patients earlier, reduce referral leakage, and build relationships that drive lifetime value. Those that wait will find themselves receiving referrals from the ecosystem rather than anchoring it.

2. **Fixing the clinician experience.** One in five doctors is ready to walk away due to heavy workloads, burnout, and a lack of recognition, autonomy, and flexibility. To build promoters, run a rigorous eNPS diagnostic by role, specialty, and setting to identify where importance-satisfaction gaps are widest and which dimensions are most likely to create promoters. Then, improve them deliberately.

3. **Embedding AI deeply into workflows—with clinician buy-in.** Clinicians are ready for AI to transform how clinical and operational work gets done, yet only 30% of proof-of-concept projects reach production. The lack of organisational readiness is driven by data gaps, unclear governance, and insufficient clinician involvement. Organisations should fix their foundations first, building clean data, clear accountability, and in-house capabilities to scale solutions. They also need to bring clinicians into the process as architects of the transformation. Clinicians who help shape AI deployment will champion it at scale, while those with little input are likely to stall adoption.

The cost of inaction: Healthcare providers that remain episodic and hospital-centric will face intensifying competition from payers, retailers, and integrated platforms that move faster to own the patient relationship.

Pharmacies: Shift from transactional dispensing to coordinated care platforms.

Pharmacies combine physical reach in underserved areas with strong consumer trust, ranking among the top three most trusted stakeholders in Australia, India, Indonesia, and the Philippines. The question is whether they will capture this rising consumerism momentum or remain a dispensing stop in someone else's care path.

What belongs on your agenda now:

1. **Becoming the default entry point for routine and lower-acuity care.** Integrate pharmacy services, preventive screenings, basic diagnostics, and wellness offerings into a coordinated experience that engages consumers at the earliest stage of their health journey. Walk-in clinic models are already the preferred alternative care site in Malaysia and the Philippines. Consumer behaviour is moving in this direction; pharmacies must build around it deliberately.

2. **Investing in integration, not just expansion.** Trust in standalone digital health players has declined across most Asia-Pacific markets. Pharmacies can distinguish themselves by connecting to broader care pathways, establishing referral relationships, and enabling secure data sharing. They must prove that engaging with them doesn't mean falling out of the system.

3. **Using AI to extend pharmacists' capabilities.** Summarizing medication histories, structuring red flags for symptom identification, and drafting personalised counselling guidance are all executable now. These use cases directly address the capacity constraints that currently limit how much value pharmacists can deliver per interaction. AI can help create a meaningful near-term differentiator in markets where the clinical workforce is scarce.

The cost of inaction: Pharmacies that remain transactional dispensers will face margin pressure from e-pharmacy, generic competition, and payer-driven channels.

Conclusion

Across the region, consumer expectations are rising faster than healthcare systems can respond, and clinicians are burned out. AI offers a solution that both patients and physicians want, yet most organisations aren't ready to scale it.

These trends are both persistent and accelerating—but the outcome is not inevitable. Every opportunity outlined in this report is actionable now for leaders who commit to building the right operational muscle.

Technology-driven advantages cannot scale without the workforce. Organisations that earn clinician trust and position doctors as co-architects of the transformation will earn patient trust as well. Satisfied patients stay with their providers and use more services—creating a compound competitive advantage.

[1] The 2025 survey included consumers in Australia, China, Hong Kong, India, Indonesia, Malaysia, the Philippines, Singapore, and Vietnam.

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