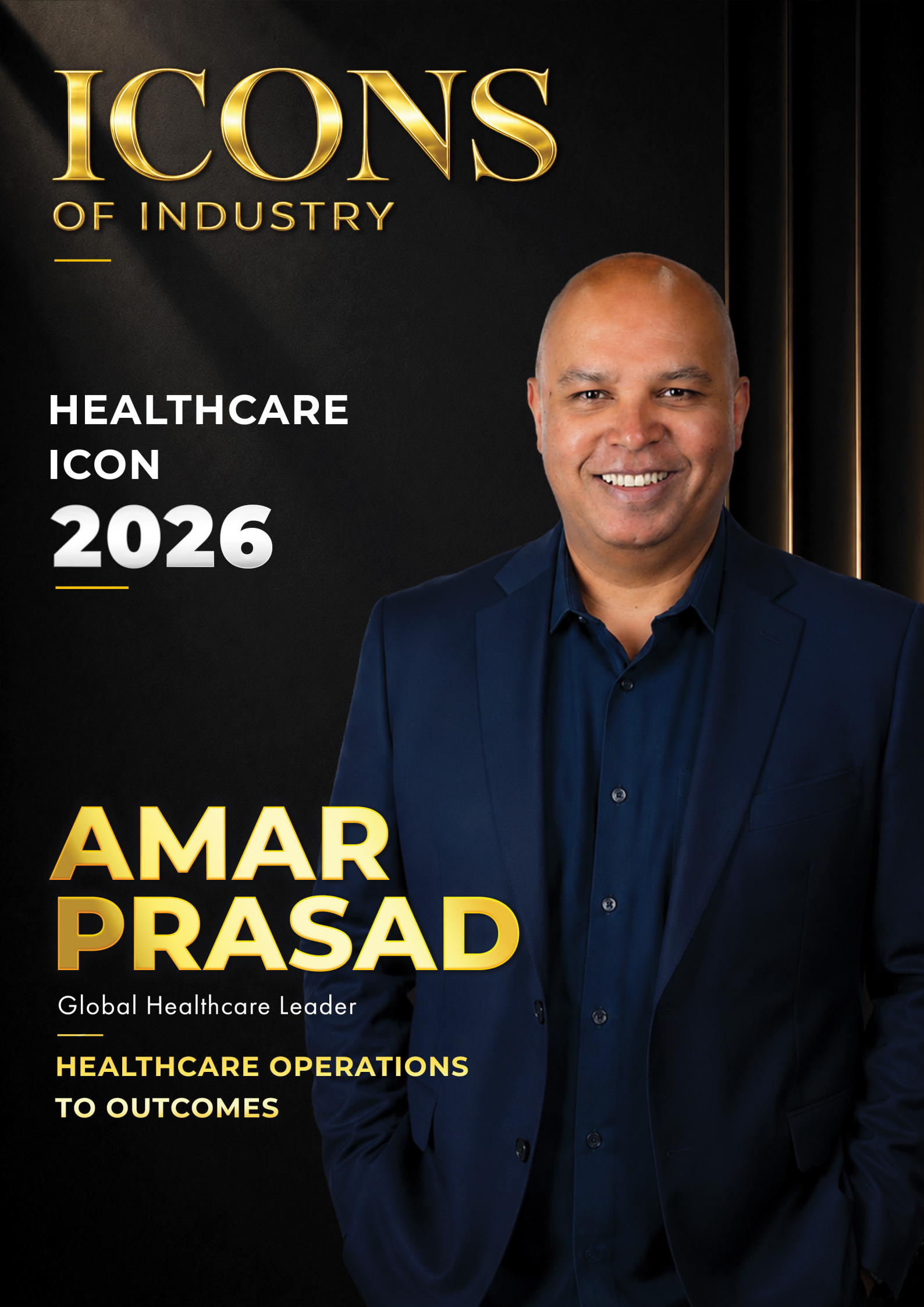
ICONS OF INDUSTRY

HEALTHCARE ICON 2026



AMAR PRASAD

Global Healthcare Leader

HEALTHCARE OPERATIONS TO OUTCOMES

AMAR PRASAD

Healthcare Operations To Outcomes

The future of healthcare will be shaped not only by new technology, but by how well payers, providers, and health tech companies close the gap between the systems they've built and the outcomes those systems were supposed to deliver.

Nearly every healthcare organization now says it has the infrastructure in place for value-based care, yet the large majority describe that same infrastructure as too complex to use effectively, and a similar gap persists in interoperability, where only a small fraction of healthcare organizations can fully integrate outside-provider data into their own records. Closing that gap takes more than new software. It requires a deep understanding of the workflow, hearing customer pain points, solution design, and the change management to make the technology genuinely usable.

Few leaders have spent as much of their career inside that gap as Amar Prasad, SVP of Healthcare Solutions at Persistent Systems. Across nearly two decades that include engagements at national payers and providers and leadership roles at Wipro, Mindtree, and now Persistent Systems, Amar has built his career on a simple conviction: healthcare technology only creates value when it's translated into solutions payers, providers, and health tech companies can actually adopt.

His perspective extends beyond any single client or contract. It is centered on closing the persistent gap between what healthcare technology promises and what organizations can actually execute, across value-based care, interoperability, patient engagement, and now artificial intelligence.

FOR HIS LEADERSHIP IN ADVANCING HEALTHCARE TECHNOLOGY SOLUTIONS FOR PAYERS, PROVIDERS, AND HEALTH TECHNOLOGY COMPANIES,

ICONS OF INDUSTRY
RECOGNIZES AMAR PRASAD AS A
HEALTHCARE ICON 2026.

Q **Your career runs from software engineering, across payers and providers, to healthcare consulting leadership at Wipro, Mindtree, and now Persistent Systems. What's the throughline?**

AMAR PRASAD

I started as an engineer, and I think that's exactly why I've never been satisfied with a solution that looks good in a proposal but doesn't hold up in production. Over more than two decades of consulting engagements at national payers and providers, I directed the portfolio teams and led the onshore and offshore delivery for the applications that had to actually work for patients and members, healthcare analytics, population health, care and case management, clinical decision support.

That experience is what I've carried into every consulting role since. When I'm advising a payer or a provider now, I'm not just designing a solution, I'm asking whether the team on the other end can actually run it once we leave the room.

Q **A 2026 industry report found that nearly every provider says it has the infrastructure for value-based care, but 90 percent of providers and 85 percent of payers describe their own platforms as too complex to use effectively. Why does that gap persist?**

AMAR PRASAD

Across the industry, there's been a lot more investment in buying infrastructure than in the adoption work that comes after. It's much easier to fund a new platform than it is to fund the unglamorous work of simplifying workflows, training staff, and redesigning processes around what that platform actually does well.

That gap is exactly where my team spends most of its time. The technology is rarely the reason a value-based care initiative stalls. The reason is almost always that the organization built a system nobody had the capacity to fully use.

Q **Interoperability has been a stated industry priority for years, yet only about 29 percent of hospitals can integrate outside-provider data into their own EHRs. What's actually standing in the way?**

AMAR PRASAD

Incentives, more than technology. The standards for exchanging health data have improved enormously. What hasn't improved as much is the business case for any single organization to invest in making that exchange seamless, especially when the data is coming from a competitor's system.

The organizations that make real progress are the ones that stop treating interoperability as a compliance requirement and start treating it as a patient safety and cost issue. Once leadership sees it that way, the investment case gets a lot easier to make.

Q **Your own work increasingly centers on AI. Where do you see the real opportunity for AI in healthcare, beyond the hype?**

AMAR PRASAD

The real opportunity is in the operational layer that never makes headlines, care management workflows, risk adjustment, prior authorization, the administrative load that consumes a huge share of every payer's and provider's capacity. That's where AI can free up staff time immediately, without requiring anyone to trust a model with a life-or-death clinical decision on day one.

Adoption is still uneven because trust has to be earned in stages. The organizations getting real value from AI right now are the ones starting with well-defined, auditable use cases and expanding from there, not the ones trying to leap straight to the most ambitious clinical application first.

Q **Patient engagement is another recurring theme in your work. What actually moves the needle, versus what just looks good in a vendor pitch?**

AMAR PRASAD

What looks good in a pitch is usually another portal or another app with a fancy interface. What actually moves the needle is starting with an ROI that is tied to tangible outcomes and also meeting consumers (patients or members") in the channel and the moment they're already in, whether that's a text message reminder, a call from a care manager, or information surfaced to a provider at the point of care, rather than asking the patient to go find it themselves.

The engagement strategies that work are built around the patient's existing behavior. The ones that don't work assume the patient will change their behavior to accommodate a new piece of technology.

Throughout your career you have advised payers, providers, med tech, and scientific instruments, a much broader swath of healthcare than a single sector. What's different about advising across that breadth?

AMAR PRASAD

The risk is becoming a generalist who's fluent in buzzwords but not depth in any one sector. The advantage, if you avoid that trap, is seeing the same underlying problem show up in different disguises across payers, providers, and med tech, and being able to bring a solution from one part of the industry into another where it hasn't been tried yet.

A workflow problem I've solved for a health plan often turns out to be structurally similar to one a medical device company is having with its own field service data. I've seen the same pattern show up with a scientific instruments client trying to get equipment usage and maintenance data into a form their own commercial team could actually act on, the underlying problem was data fragmentation, the same issue a payer has with claims data scattered across systems. Breadth is only valuable if you use it to cross-pollinate solutions, not just to cover more logos.

Q **Looking ahead, what will define successful healthcare technology transformation over the next several years?**

AMAR PRASAD

It will be defined by whether organizations finally close the gap between the technology they've bought or built and the outcomes they actually deliver. The data on value-based care and interoperability is clear: the investment has largely been made. The execution hasn't caught up. The same goes for AI, while investments continue to rise, execution on an enterprise scale still lags and the outcomes trailing far behind.

The organizations that pull ahead will be the ones that treat adoption, training, and workflow redesign as seriously as they treat the technology purchase itself. That's been true throughout my career, and I don't think AI changes that principle. It just raises the stakes for getting it right.

ICONS
OF INDUSTRY

RECOGNIZING EXCELLENCE.
ELEVATING LEGACIES.

WWW.ICONSOFINDUSTRY.COM