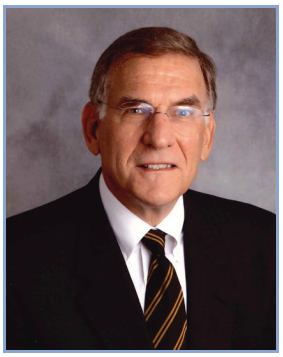
Healthcare on the Horizon:

PREDICTIONS FOR U.S. HEALTHCARE THROUGH 2026

TDC GROUP



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Each year, TDC Group has predicted emerging healthcare trends over the next decade, focusing on the challenges, risks, and opportunities that shape the industry. This year, the pace of change in healthcare—driven by regulatory complexity, mounting financial pressures, and artificial intelligence (AI)—makes long-term forecasts increasingly uncertain. In response, this paper highlights the forces most likely to shape U.S. healthcare in the coming year.

Medical professionals continue to uphold their commitment to delivering high-quality patient care, despite navigating a healthcare environment characterized by rapid digital innovation, pervasive misinformation, escalating costs, and persistent fragmentation. Burnout remains a critical concern: The majority of physicians would not recommend a medical career to their children, reflecting the sustained pressures of modern practice.

Hospitals face mounting financial challenges as the convergence of increasing medical malpractice losses and reimbursement difficulties drives ongoing facility closures, exacerbating gaps in patient access. Currently, approximately 11 percent of Americans report being unable to access or afford care—a figure likely to rise as health insurance premiums increase in 2026, intensifying burdens on both patients and clinicians.

Some access gaps are being addressed through the expansion of distributed care models, with advanced practice clinicians (APCs)—including nurse practitioners (NPs) and physician assistants (PAs)—working in close collaboration with physicians. These teams rely on well-defined roles and advanced teamwork to optimize care delivery.

The exponential growth of medical knowledge presents a significant challenge for clinicians. AI, with advanced capabilities in information synthesis and pattern recognition, offers the potential to help clinicians manage knowledge overload and streamline administrative tasks such as scheduling, billing, and prior authorization. The field is rapidly evolving from generative AI to agentic AI, introducing new horizons for autonomous technologies. However, rapid AI adoption introduces complex malpractice and liability issues, underscoring the need for clear standards, informed consent, and adaptive legal frameworks.

WHAT WILL HEALTHCARE LOOK LIKE THROUGH 2026?

Key predictions for U.S. healthcare over the next year.

PREDICTION 1

AI Integration and Clinical Trust: AI will permeate all aspects of healthcare, but its impact on care will depend on the degree of clinician trust in the technology.

AI is rapidly transforming healthcare delivery and operations, from diagnosis and treatment planning to documentation, staffing, and billing. More than 1,000 health-related AI tools have received FDA authorization, and two-thirds of physicians report using AI in some aspect of practice, according to the American Medical Association (AMA). The most recent innovation is the launch of OpenAI for Healthcare, a set of HIPAA-compliant AI products designed specifically for healthcare organizations.

"There are leading institutions already moving quickly," says **Deepika Srivastava, Chief Operating Officer, The Doctors Company and TDC Group Shared Services**. "Mayo Clinic has more than 200 active AI projects, and Cleveland Clinic has launched a dedicated center for diagnostics and predictive analytics."

Despite the proliferation of AI tools, Ms. Srivastava stresses that "clinical judgment remains central to patient care." There is a distinction between access to AI and genuine trust in its recommendations, particularly in patient-facing scenarios, where transparency is paramount.

In a presentation for TDC Group's 2025 Executive Advisory Board Meeting, physician leader **Robert M. Wachter, MD, Professor and Chair, Department of Medicine, the University of California, San Francisco**, made the case that companies developing AI tools for healthcare need to prove themselves with a first use of the tool that is achievable, not aspirational, to recruit medical professionals' confidence. This will help gain clinician support for further AI implementation.

Early uses can include ambient listening and automated documentation, before progressing to higher-stakes areas like clinical decision support, where errors carry significant consequences.

The future divide in healthcare will not be between users and nonusers of AI, but between organizations that effectively integrate innovation, clinical insight, and regulatory compliance and those that don't. AI implementation should begin with rigorous readiness assessments and systems evaluation. Trusted AI can enhance workflows and outcomes, but untrusted or poorly integrated AI risks backlash, litigation, and regulatory intervention.

PREDICTION 2

Digital Transformation: A $1 trillion migration toward digital-first healthcare will generate both significant advancements and costly missteps.

Healthcare is undergoing a monumental shift toward digital-first models, with an estimated $1 trillion in spending transitioning from traditional facilities to personalized, technology-enabled care. AI-enabled intake and workflow solutions are poised to alleviate administrative burdens and allow clinicians to focus on direct patient care.

However, not all digital innovations deliver on their promises. The rapid expansion and subsequent contraction of telehealth platforms postpandemic illustrate the volatility of technology-driven care. While telehealth remains a standard of care for many presentations, utilization has declined, leading to downsizing or closure of several virtual care companies. Even large health systems have scaled back on ambitious digital initiatives due to integration challenges with legacy systems, workflows, and reimbursement models.

Efforts to embed virtual care access points in public spaces—such as airport kiosks—have met mixed results, further emphasizing that patient expectations extend beyond convenience to encompass accountability and continuity. Sustainable innovations are those that integrate seamlessly with existing healthcare systems and maintain a strong connection between patients and healthcare professionals. Examples like Amazon Pharmacy's prescription kiosks demonstrate the value of linking technology with professional oversight.

Ultimately, the success of digital-first strategies will depend on clinician involvement and careful risk management. Many digital health companies underestimate the legal liabilities inherent in patient interactions.

"From a risk standpoint, the challenge is that the brilliant innovators driving healthcare technology often don't understand that the ultimate endpoint of every patient interaction is liability," says **Peter A. Kolbert, JD, Senior Vice President, Complex Claims Counsel, Healthcare Risk Advisors, part of TDC Group**. "Without clinical and legal oversight, even the smartest tools can expose both patients and providers to significant risk."

The trillion-dollar transformation will yield both breakthroughs and costly lessons, underscoring the importance of aligning technology adoption with medical and legal best practices.

PREDICTION 3

Liability and Legal Volatility: Social inflation, large verdicts, and AI-related evidence will make the courtroom a focal point for unpredictable liability, with legal precedents lagging behind technological advances.

Recently, Utah saw its highest-ever medical malpractice plaintiff award: A judge granted $951 million to a family whose child was left disabled due to alleged negligent delivery care. These so-called nuclear verdicts, defined as plaintiff awards exceeding $10 million, are increasing in both frequency and magnitude. The average of the top 50 medical malpractice verdicts rose from $32 million in 2022 to $48 million in 2023 and to $56 million in 2024.

Nuclear verdicts are a major driver of social inflation, a phenomenon whereby the growth in average claim costs outpaces general inflation. These outsized awards underscore how jury decisions are influenced not only by the facts of the case but also by prevailing societal attitudes and cultural narratives. Jurors' perspectives, which they bring

into the courtroom, are increasingly shaped by public discourse and social media, resulting in verdicts that reflect broader debates about fairness and responsibility, rather than just medical evidence.

Plaintiffs' attorneys leverage these dynamics during jury selection, often examining prospective jurors' social media to assess potential biases. Strategies such as "reptile theory" are deployed to invoke primal fear and elicit strong emotional responses, framing defendant physicians as ongoing threats to society. The erosion of trust in healthcare overall increases the effectiveness of such tactics, making medical practice more challenging for clinicians.

Another common strategy is "anchoring," in which attorneys suggest a large damages figure to the jury, influencing their frame of reference. Even experienced legal professionals are susceptible to anchoring, which has become a significant factor in escalating award sizes.

The result is a series of unprecedented awards: A $70.8 million verdict in Florida after a missed stroke diagnosis and a $29 million verdict in Wisconsin involving delayed escalation of care in obstetrics. These awards deviate from the original intent of the malpractice system—to fairly compensate injured parties—and instead threaten patient access to care, particularly for underserved populations.

Historically, juries differentiated between large, impersonal hospital systems and individual physicians, often showing empathy toward the latter.

These perceptions are shifting, however, according to **Brittnie E. Hayes, JD, Vice President, Claims, The Doctors Company, part of TDC Group**: "As physician groups have increased in size and thereby recoverable asset potential, plaintiffs' attorneys are not focused on keeping just the hospitals in the case due to their deep pockets. They now see each physician as a deep pocket."

The integration of AI into clinical practice further complicates liability. Physicians now face exposure whether they follow or disregard algorithmic recommendations. As Ms. Srivastava told *Medical Economics*: "Not using AI could be seen as negligent, while today, relying on it too heavily may be considered careless. It's a balancing act." Recent research led by Brown University found that jurors were more likely to find a physician negligent when overriding AI recommendations highlighting abnormalities.

Medical malpractice litigation is now incorporating evidence from AI-powered clinical decision support systems, administrative logs, and AI-derived content from EHRs.

This evolving landscape has led some experts to describe the adoption of AI tools as a "no-win" scenario: Clinicians must make judgment calls without always having enough information about the AI's reliability, risking liability whether they rely on or deviate from recommendations of the tool.

Consequently, the standard of "reasonable care" is shifting. Whereas it was once benchmarked against peer practice, it may soon be measured by what an AI system could have detected or prevented, or what a jury believes should have been possible in a technologically advanced healthcare environment.

PREDICTION 4

Widening Access Gaps: Liability-related costs, workforce shortages, and reimbursement pressures will force additional hospital closures, further widening disparities in care access.

From 2013 to 2023, the American court system saw a roughly 67 percent increase in the number of medical malpractice verdicts of $10 million or more. Litigation-related costs are destabilizing hospitals and healthcare systems, especially those already under financial pressure. "We are very quickly approaching an acute care crisis," says **Robert E. White Jr., President, The Doctors Company and TDC Group**.

The pace of hospital closures is accelerating, particularly in rural areas. Rising litigation costs, layered on top of workforce shortages, reimbursement challenges, and inflation, will contribute to increasing care deserts.

In addition to hospital closures or conversions to nonacute care, many hospitals have closed particular service areas: Nearly 60 percent of U.S. rural hospitals now lack labor and delivery services. These changes are not limited to rural areas. New research suggests that in 60 percent of U.S. counties, a majority of residents lack adequate access to more than one form of critical healthcare.

Wherever a hospital closes or converts to nonacute care, some physicians must relocate or consolidate into larger systems, leaving that local area with little or no access to specialty care, maternity wards, or emergency services. And when multiple hospitals close, whole regions can lose access to healthcare.

Physicians and patients alike will feel the consequences: Patients will experience delayed diagnosis and treatment. Physicians will experience more burnout and career dissatisfaction as they find it harder to practice good medicine.

PREDICTION 5

Medical Liability Reform: Tort reform will become a national priority as courts grapple with evolving theories of liability.

Excessive jury awards, including thermonuclear verdicts exceeding $100 million, represent a critical threat to healthcare access, extending far beyond insurance implications. These extraordinary judgments significantly impact the financial stability of healthcare institutions, often resulting in service reductions and facility closures, particularly in vulnerable regions.

While true medical negligence cases do occur, most malpractice lawsuits against physicians arise from unfavorable patient outcomes rather than actual substandard care. According to data from the AMA and the MPL Association, nearly one-third of physicians—and almost half of those age 55 and older—have faced litigation. Importantly, between 2016 and 2018, 65 percent of closed claims were abandoned, dismissed, or withdrawn, and only 6 percent proceeded to trial, where physicians prevailed in approximately 90 percent of cases. This underscores the pervasive nature of litigation in medicine, often unrelated to clinical error.

The upward trend in jury awards, particularly nuclear verdicts, directly contributes to patient harm by increasing financial pressures on healthcare organizations. This leads to the discontinuation of essential service lines and exacerbates disparities in access to care nationwide.

The "tort tax," as identified by the U.S. Chamber of Commerce's Institute for Legal Reform, increases annual expenses for the average American family by almost $5,000, reflecting the broader economic impact of extensive litigation on healthcare and other productive sectors.

Comprehensive medical liability reform is essential for preserving healthcare access, and legislative intervention is increasingly necessary. "More than 30 states have enacted medical liability reform laws to promote access to healthcare; however, these laws are constantly under attack," says **Elizabeth Y. Healy, Vice President, Government and Community Relations, The Doctors Company, part of TDC Group**.

The loss of critical healthcare services—including obstetrics, trauma, and rural emergency care—combined with rising average wait times (now approximately 31 days for a physician appointment), will intensify pressure on policymakers at both state and federal levels to act on liability reform.

Key areas for reform include instituting rational caps on noneconomic damages, increasing transparency in third-party litigation funding (TPLF) and jury proceedings, and establishing clear standards for the admissibility of AI-generated evidence in medical liability cases.

Attempts to repeal or weaken existing damage caps threaten the cost containment mechanisms that enable continued access to care. States such as Iowa are taking proactive measures by implementing or revising caps on noneconomic damages to curb excessive jury awards and maintain healthcare system stability. "These caps play a critical role in helping to control overall healthcare costs and preserving patient access to care," Mr. White says.

Lack of transparency in TPLF can prolong medical malpractice cases and inflate associated costs, often without benefiting injured plaintiffs. TPLF allows external investors to finance litigation in exchange for a portion of any settlement or judgment, supporting cases that might otherwise be untenable. Texas has recently mandated disclosure of TPLF arrangements, promoting greater accountability in the litigation process.

Georgia has introduced restrictions on anchoring, which involves plaintiffs' attorneys suggesting disproportionately high damage awards. Under new reforms, claims must be substantiated by concrete evidence, ensuring that jury awards correspond to actual injuries sustained.

States such as South Carolina are considering adjustments to joint and several liability rules, ensuring that financial responsibility is apportioned commensurately with the degree of involvement of each defendant, thereby protecting healthcare professionals from disproportionate liability.

Ultimately, liability reform does not absolve medical professionals of responsibility; rather, it seeks to restore balance—ensuring fair compensation for genuine medical negligence while safeguarding the integrity and sustainability of healthcare delivery.

In the absence of meaningful reform, the prevalence of nuclear verdicts jeopardizes the stability of healthcare systems. Robust medical liability reform enables physicians and institutions to deliver care without the constant threat of catastrophic financial exposure.

Continued advocacy by physician-led organizations, such as The Doctors Company, will be pivotal in advancing balanced liability reforms that uphold the foundational goals of the malpractice system while maintaining patient access to essential healthcare services.

PREDICTION 6

Reproductive Healthcare Risks: Ongoing uncertainty and liability surrounding reproductive healthcare will continue to disrupt established standards and require innovative insurance solutions.

In the aftermath of the Supreme Court's reversal of *Roe v. Wade*, clinicians continue to face significant barriers to delivering evidence-based reproductive care in states enforcing bans on such services. These restrictions have resulted in delays in care and increased risk of adverse patient outcomes. Legal uncertainty persists regarding the permissibility of specific medical interventions, particularly in emergent reproductive scenarios that require immediate action.

This ambiguity inhibits providers from practicing within established standards, fostering clinical hesitancy and jeopardizing patient safety. Within an already resource-constrained healthcare system, these unintended consequences can exacerbate preventable morbidity and mortality.

"The dilemma of requiring clinicians to choose between violating their professional oath or withholding critical interventions in the absence of legal clarity is becoming increasingly common," says **Paul Romano, President, TDC Specialty Underwriters, part of TDC Group**. "Beyond the 26 states enforcing reproductive healthcare bans, additional regulatory and statutory complexities can similarly hinder just and timely resolution of care decisions."

Practitioners are increasingly caught between potential violations of the Emergency Medical Treatment and Labor Act (EMTALA)—which mandates emergency care regardless of legal status—and exposure to civil or criminal liability for interventions that may be prohibited by state law.

Despite heightened legal risk, recent analyses show no broad migration of ob/gyns away from states with restrictive reproductive health laws. In fact, a cohort study of over 60,000 ob/gyns found an 8.3 percent increase in their numbers in states with bans after the *Dobbs* decision, with similar growth observed elsewhere, irrespective of the local regulatory climate. This finding disrupts the prevailing assumption that practitioners are universally abandoning hostile jurisdictions; nevertheless, the ongoing legal uncertainty continues to influence clinical decision making and the scope of care provided.

Considering these evolving risks, insurers must adapt by developing innovative coverage solutions—such as enhanced defense limits and protection against both civil and criminal claims—to support clinicians specializing in reproductive health.

PREDICTION 7

Care at Home: More care will move to patients' homes, with teams using defined roles to deliver high-quality care.

The evolving care landscape is shifting away from the traditional hospital-centric model toward a distributed network of healthcare professionals—physicians, NPs, PAs, and nurses—leveraging digital platforms to deliver care directly to patients in their homes. For many, the primary point of healthcare access is transitioning from the hospital to the home environment.

This migration toward home-based care is driven by ongoing hospital closures, reductions in inpatient capacity, and rapid advances in remote care capabilities. Hospital at Home (HaH) models are gaining significant momentum nationwide, with leading institutions such as Mayo Clinic and Johns Hopkins demonstrating that acute care can be administered safely and effectively outside of conventional hospital settings. As of summer 2025, data from the American Hospital Association indicates that 400 hospitals, spanning more than 140 healthcare systems and nearly 40 states, have received approval for HaH initiatives. CMS has facilitated this shift by authorizing waivers to reimburse select HaH services, indicating a move toward mainstream adoption, although the pace may be affected by legislative uncertainties. Many healthcare organizations remain cautious about investing in HaH infrastructure without long-term reimbursement assurances from Congress.

Well-defined patient eligibility criteria are critical to success for such programs, which can enhance both safety and cost-effectiveness compared to traditional inpatient care. Evidence suggests HaH programs are associated with lower mortality and readmission rates, decreased postdischarge expenditures, and reduced incidence of hospital-acquired infections and falls. Patient and caregiver satisfaction with HaH is high, particularly after initial adoption barriers are overcome.

Nonetheless, obstacles to widespread HaH implementation persist, including the need to build practitioner and patient confidence in the model, ongoing uncertainties regarding reimbursement, unresolved liability issues, and the operational challenge of scaling such programs while maintaining safety.

APCs—notably NPs and PAs—will play a pivotal role in supporting the national transition toward HaH. These clinicians are already integral to cardiac teams and other high-acuity care settings. In areas experiencing significant hospital closures or specialist shortages, often exacerbated by clinician retirements, APCs are essential for ensuring continued access to care.

"A recent study found that in states where nurse practitioners have a greater scope of practice or practice authority, patient populations are healthier," says **Laura Kline, MBA, CPCU, CIC, Regional Operating Officer, Northeast Region, The Doctors Company, and Senior Vice President, Business Development, TDC Group**.

Many specialties, including primary care, already utilize clearly delineated team roles to enhance patient safety, expedite care delivery, and improve practitioner satisfaction. The broader adoption of HaH will require adapting these established team-based care frameworks to the unique demands of home-based acute care, with particular attention to role definition for APCs.

"Physicians will remain essential, but will increasingly supervise, consult, and specialize in complex cases," says **Julie Ritzman, MBA, CPHRM, Senior Vice President, Patient Safety and Risk Management, The Doctors Company, part of TDC Group**. "As responsibility is shared across diverse teams, taking extreme care with questions of oversight and delegation—as well as remaining vigilant about handoff conversations and documentation—will be essential to mitigating liability concerns."

PREDICTION

8

Agentic AI and Responsibility: Advanced AI will redefine clinical decision making and accountability.

Currently, most AI systems in healthcare serve an assistive function. However, the emergence of agentic AI introduces a paradigm shift: These systems are designed to operate autonomously, undertaking tasks such as ordering diagnostic tests, scheduling follow-up appointments, adjusting medication regimens, and initiating patient outreach—without direct human initiation.

Agentic AI represents a substantial technological advancement over previous AI iterations. Unlike traditional generative AI, which progresses incrementally through linear, conditional logic (if-then decision trees), agentic AI begins with a defined clinical objective and independently determines the necessary actions to achieve it. This goal-oriented approach inverts the conventional problem-solving sequence found in current AI models.

At present, agentic AI is primarily being adopted for administrative applications within healthcare organizations, mirroring the initial deployment trajectory of generative AI. Nevertheless, as agentic AI transitions from passive to active roles, its influence is poised to fundamentally reshape clinical workflows. For patients, this could translate into more seamless, anticipatory care—systems that proactively identify gaps, anticipate needs, and take initiative. For clinicians, however, this raises critical questions regarding accountability, particularly in scenarios where autonomous AI actions result in adverse events.

Healthcare organizations must proactively assess the risk of inaccuracies inherent in AI, including confabulation, algorithmic bias, and data errors. The principle of "garbage in, garbage out" remains highly relevant. Guidance from regulatory bodies such as the Joint Commission and the Coalition for Health AI underscores the risks of unforeseen system interactions, which could precipitate misdiagnoses, inappropriate treatment plans, and subsequent patient harm.

Despite these risks, the potential benefits of agentic AI—improved patient safety, expanded access to care, and enhanced efficiency—are substantial. In primary care, where physician shortages are acute, agentic AI may enable providers to manage larger patient panels with reduced visit frequency. While this could be controversial in specialties where longitudinal patient relationships are paramount, it may offer welcome support for overextended practitioners.

The rapid advancement of medical knowledge presents significant challenges for clinicians, who must continuously assimilate new findings into practice despite time constraints and administrative burdens.

"The explosion of information in fields like cardiology has led to increasing sub-specialization and complexity, making it difficult for clinicians to stay current," says **Daniel Kent Cassavar, MD, MBA, FACC, Medical Director, The Doctors Company and TDC Group**.

Agentic AI offers the promise of alleviating cognitive overload, enabling practitioners to focus on complex decision making and patient care.

Administrative use cases for agentic AI with clinical implications include intelligent patient scheduling, matching patients to the appropriate specialists, and automated patient communications (e.g., reminders and recovery surveys). In clinical applications, agentic AI could aggregate disparate patient data, assist in symptom differentiation, interpret diagnostic findings, and autonomously order follow-up studies—tasks that extend beyond the capabilities of current AI tools.

The autonomous nature of agentic AI introduces new risk vectors, such as medication errors, which must be weighed against the baseline risk inherent in human-run systems. For context, *Pharmacy Times* reports that 1 in 30 patients currently experiences medication-related harm. As AI integration becomes standard practice, it is critical to compare the relative risks and develop robust safeguards.

Legal and regulatory frameworks are still evolving to address the autonomy of nonhuman actors in clinical practice. Malpractice claims may arise in instances where errors originate from AI agents, rather than direct clinician action. This shift will require clinicians to assume oversight roles, ensuring appropriate governance and intervening when necessary.

Ultimately, while agentic AI offers tangible benefits for healthcare delivery, its adoption necessitates the establishment of rigorous guardrails, governance structures, and clear accountability protocols to safeguard patient outcomes and practitioner liability.

PREDICTION 9

Information Complexity: The proliferation of chatbots, influencers, and direct-to-consumer advertising will both complicate and simplify evidence-based practice; clinicians will remain central to maintaining trust and sound medical judgment.

Patients are increasingly seeking health information and advice from social media influencers, their digital networks, and AI-powered platforms such as ChatGPT. This trend is further accelerated by pharmaceutical companies, which are leveraging direct-to-consumer (DTC) marketing and sales strategies that circumvent traditional physician oversight, thereby driving demand based more on promotional messaging than on scientific evidence and medical guidance.

Regulatory oversight and enforcement mechanisms have not kept pace with these developments. Following the FDA's relaxation of advertising restrictions in 1997, pharmaceutical advertising expenditures rose nearly 800 percent. Whereas the FDA issued hundreds of enforcement letters annually for misleading advertisements in the late 1990s, in 2023 only one such letter was sent, and none in 2024. Notably, DTC advertising has contributed to approximately 31 percent of the increase in U.S. drug spending since 1997.

This proliferation of health-related messaging poses substantive risks to the integrity of clinical care. Patients often present to clinical encounters with expectations shaped by advertising, social media discourse, or AI-generated explanations. In specialties such as pain management, DTC marketing and sensationalized claims from online sources can further elevate patient expectations, undermining education efforts and complicating shared decision making. Clinicians are increasingly challenged by patients who demand interventions not supported by clinical evidence, while simultaneously fearing the ramifications of patient dissatisfaction or complaints.

The FDA's Office of Prescription Drug Promotion has signaled renewed attention to enforcing advertising standards. Nonetheless, the landscape of patient access to pharmaceuticals continues to evolve, with some manufacturers now offering direct sales to patients with valid prescriptions and others facilitating prescriptions through proprietary telehealth platforms. While these models can reduce financial barriers to essential medications—such as those for diabetes, thromboembolic disorders, and certain cancers—they may also foster a sense of entitlement among patients regarding drug selection.

Amid this environment, the therapeutic alliance and the clinician's role as a trusted source of medical information become increasingly critical. Healthcare professionals must actively engage patients to address misinformation, beginning with attentive listening and progressing to empathetic, evidence-based explanations that employ universal health literacy strategies, such as the teach-back method. Multiple follow-up interactions may be necessary to

reinforce accurate understanding and promote patient engagement—an approach shown to benefit both patient safety and practitioner satisfaction.

Despite growing challenges, including widespread misinformation, cited by many physicians as a leading concern in practice, it is imperative to continue efforts to counteract inaccurate medical information. The expertise of medical professionals remains essential in guiding patients toward informed, shared decision making. Ultimately, while advertising, influencers, and algorithms may distort perceptions, patients will continue to rely on clinicians for clarity, accountability, and trusted guidance. The profession will face new tests, but the physician's role as the steward of quality care will become more important than ever.

PREDICTION 10

Enduring Physician Trust: Physicians will continue to be viewed as the trusted source of medical expertise, though the practice environment will change substantially.

Despite ongoing consolidation within hospital systems, the migration of care to home settings, the increasing autonomy of AI, and the prevalence of DTC pharmaceutical marketing, physicians will remain the cornerstone of healthcare delivery into 2026 and beyond. Patients will persist in seeking guidance from their physicians as the definitive authority on medical information.

However, the modalities of practice will evolve significantly. Clinical environments will shift toward digitally integrated care centers, merging traditional in-person consultations with telehealth services and leveraging data streams from patient wearables and remote monitoring technologies. Physicians will benefit from enhanced workflow efficiency and clinical support through AI-enabled triage and documentation systems.

Emerging business models—such as concierge medicine, direct primary care, and hybrid practices—are designed to promote practice sustainability. These models reduce administrative overhead and enable physicians to devote more time to patient-centered care, including extended appointments and personalized services that may fall outside conventional insurance reimbursement structures.

For those maintaining conventional practice models, continued progress will be contingent upon effective regulatory oversight of payers and collaborative efforts among clinicians, technology developers, and healthcare administrators. Notably, the rapid expansion of telehealth in 2020 was facilitated by congressional approval of Medicare flexibilities, which have enhanced access for diverse patient populations but currently require periodic renewal. The ongoing integration of telehealth and other innovations into standard practice depends on sustained advocacy and adaptive policy to safeguard patient interests.

Physicians will increasingly function as leaders within multidisciplinary care teams practicing at the top of their licensure, supported by NPs and PAs through robust digital platforms. The physician's role will extend beyond individual clinical decision making to encompass stewardship of healthcare delivery in an environment shaped by technological advancements, liability considerations, and evolving patient expectations.

As healthcare continues to evolve with emerging technologies and systemic changes, it is vital for medical professionals to apply their critical analytical skills and remember that correlation does not imply causation—just as the sun does not rise because the rooster crows.

The medical degree will remain indispensable, continuing to serve as the gold standard of clinical expertise. However, the traditional physician's office—historically central to American healthcare—will undergo profound transformation. To thrive within an evolving healthcare system that demands both advanced technological integration and enduring patient trust, clinical practice environments will be reimagined to support digital innovation while preserving the essential human elements of care.

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