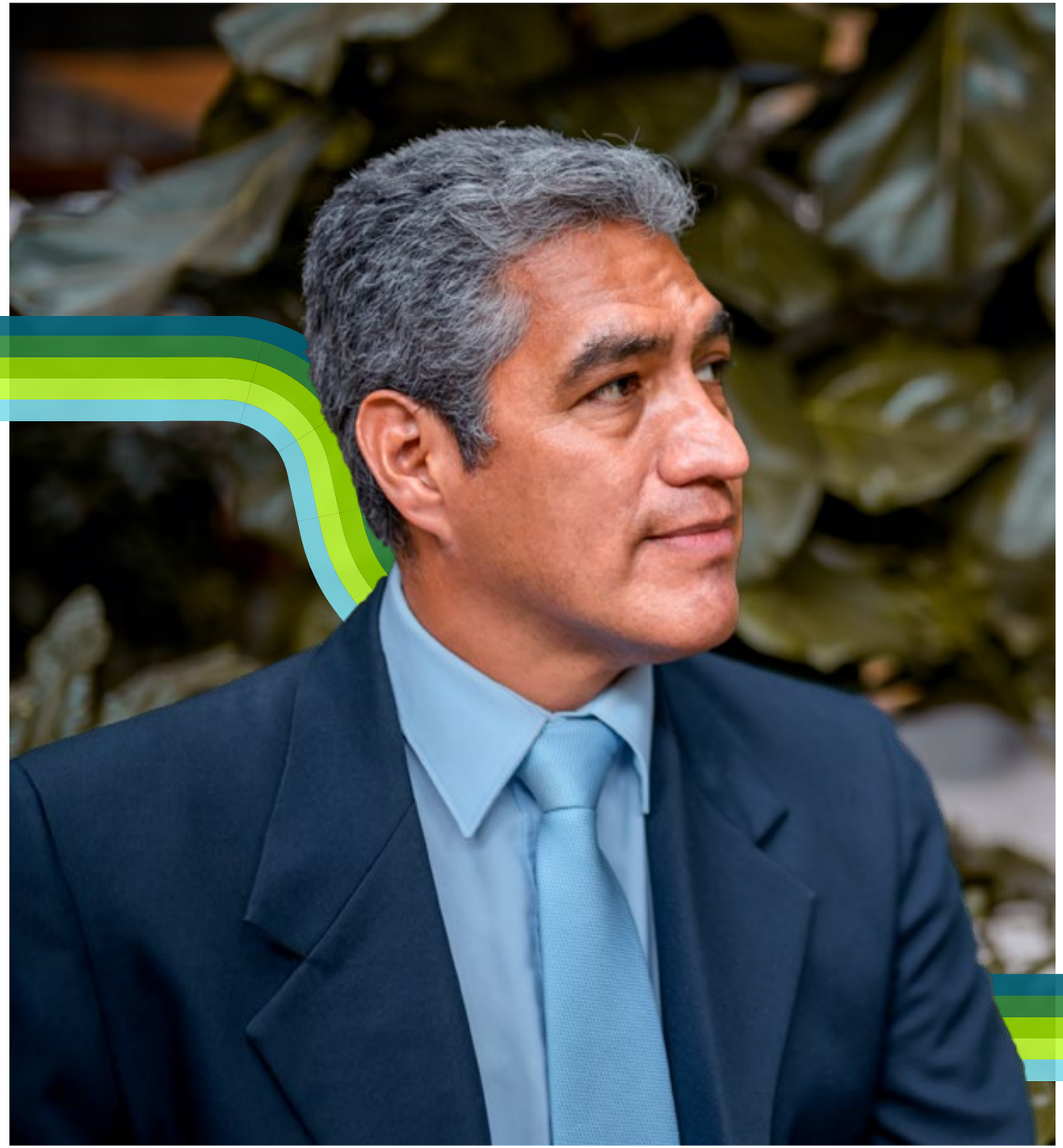
Guidehouse

2026 Trends Guide

HEALTHCARE

Vital signs of what's next for the industry



TRENDS AT A GLANCE

2026 WILL BE THE YEAR healthcare organizations shift from adapting to challenges to taking ownership over outcomes and advancing a tech-enabled future. Further consolidation, dramatic shifts in reimbursement, and revolutionary technology will bring organizations together across the healthcare ecosystem to solve longstanding challenges and build a more connected, intelligent, accountable system of care.

The 2026 Trends Guide for Healthcare offers a forward-looking view of how providers, payers, life sciences firms, and public health agencies can navigate a landscape characterized by complexity, convergence, and reinvention. These trends reflect not only challenges facing the U.S. market, but also the global forces reshaping healthcare systems worldwide.

The following four trends will shape the year ahead:

- AI redefines strategy, simulation, and trust
- Coordination becomes the engine of access
- Growth plans shift under pressure
- Payer-provider relations face a turning point

For each trend, we outline two actions healthcare leaders can take to prepare, and offer a closer look at a market or subsector where the trend is taking shape.

While uncertainty and change are a constant in healthcare, our trends offer informed predictions based on the deep expertise of Guidehouse professionals and their on-the-ground experience in organizations across the healthcare ecosystem.

Healthcare has always required a team approach—something that will be more critical than ever as leaders rethink how their organizations operate. The ***2026 Trends Guide*** offers a roadmap informed by frontline expertise and built on common challenges and shared values.

TREND 01

AI redefines strategy, simulation, and trust

In just a few years, AI has become ubiquitous across global healthcare—powering health apps, automating clinical workflows, reimagining diagnostics, optimizing insurance operations, and accelerating drug discovery. While the industry is often slow to adopt new technology, it's made an exception with AI. Most U.S. healthcare organizations have at least one AI tool in place and plan further investments this year, according to Guidehouse data.

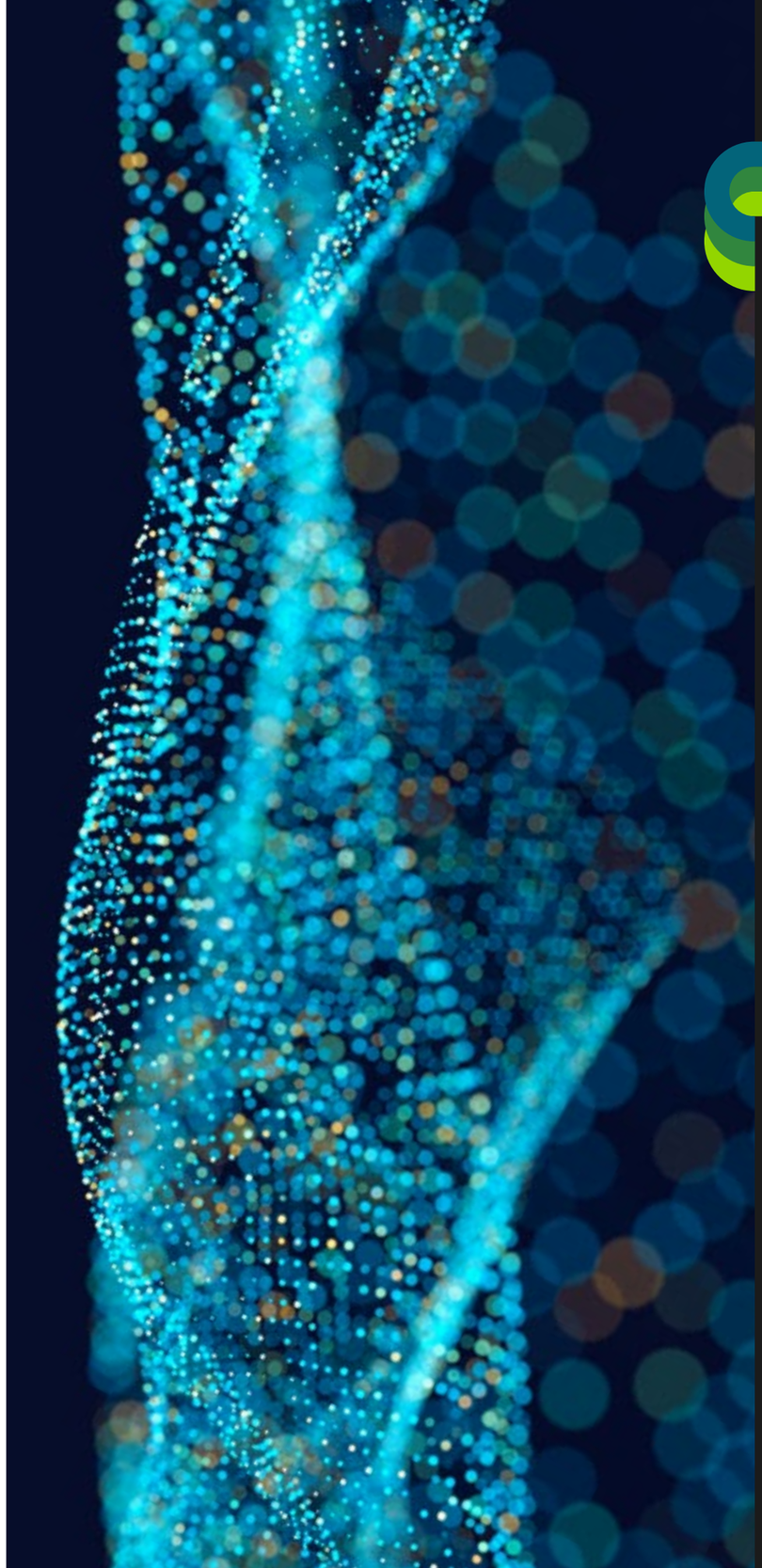
AI's role is expanding from automation to real-time simulation. Healthcare organizations are using digital twin models—virtual replicas of hospital operations and patient populations—to test innovations before deployment. While digital twins have existed for years, AI is enabling them to evolve beyond monitoring by embedding learning, prediction, and optimization into models of clinical, operational, and financial systems without risking real-world disruption.

Meanwhile, generative AI "copilots" are becoming indispensable by automating documentation, supporting patient triage, and synthesizing data in real time. Yet as AI becomes more common worldwide, leaders face a new challenge: reconciling their mission with unintended consequences. From algorithmic bias to the erosion of human connection, 2026 demands a sharper focus on governance, transparency, and ethical alignment. Global regulators are stepping in. Europe's new AI rules, for example, are pushing stricter oversight and adding urgency to ensure that AI augments rather than undermines care.

As one of our experts put it, "AI won't just reshape the workforce…it'll reshape everything—reimbursement, care delivery, supply chain, every aspect of the experience." Despite the investment rush, only 52% of healthcare executives feel ready to deploy AI effectively, and most still focus on administrative use cases. The promise of AI is often stunted by poor data quality and a lack of interoperability—a problem that providers will look to solve in the year ahead as they prepare their electronic health records for AI integrations. Organizations that balance innovation with intention—pairing cutting-edge AI with strong infrastructure, oversight, and purpose—will set the pace for a more agile, patient-centered healthcare ecosystem.

Actions to take

- **Build a systemwide AI strategy:** AI's value multiplies when deployed across clinical, operational, and strategic functions. Leaders must invest in enterprisewide data integration and effective governance frameworks to ensure that AI is safe, equitable, and aligned with organizational purpose.
- **Redesign roles for an AI-augmented workforce:** AI is reshaping how work gets done. Organizations must upskill staff, reimagine roles, and embed AI literacy to ensure that teams can safely and effectively partner with intelligent systems.



A **CLOSER** LOOK

Pharma launch strategy in the age of AI

As therapies become more personalized and precise, pharma brands are using AI to simulate health technology assessments and payer responses before investing in clinical trials or go-to-market strategies.

By integrating real-world evidence and predictive modeling, brands can forecast how new treatments will perform across diverse populations, anticipate reimbursement hurdles, and refine clinical profiles to align with payer expectations.

Guidehouse

TREND 02

Coordination becomes the engine of access

In the U.S., healthcare leaders are increasingly focused on bridging access for at-risk patients, including rural, urban, tribal, and Veteran populations. Overcoming social, economic, and geographic barriers will require true coordination across sectors and industries.

2026 marks a turning point in which technology is helping providers and payers realize the goals of preventive care and value-based models. AI and automation—including chatbots, remote patient monitoring, and self-scheduling platforms—are finally enabling scalable, proactive engagement with hard-to-reach populations. These tools allow providers and payers to identify risk earlier, intervene faster, and reduce costly emergency visits.

While providers, payers, life science firms, and other stakeholders may be able to identify opportunities to improve care, government leaders will need to invest in infrastructure and advance policies and funding that will enable sustainable improvements in care delivery. The **Rural Health Transformation** (RHT) Program, launched under the One Big Beautiful Bill Act, is one example. With $50 billion allocated to modernize rural healthcare, the program is a coordinated effort among federal, state, and local entities to improve access, offset Medicaid cuts, and build sustainable care models. It demonstrates how multisector collaboration—backed by policy and funding—can drive meaningful change in at-risk communities.

An aging population adds another layer of complexity. By 2034, Americans age 65 and over will outnumber children for the first time in U.S. history. To prepare for this shift, healthcare organizations must actively contribute to multisector plans on aging (MPAs) developed by state and local governments.

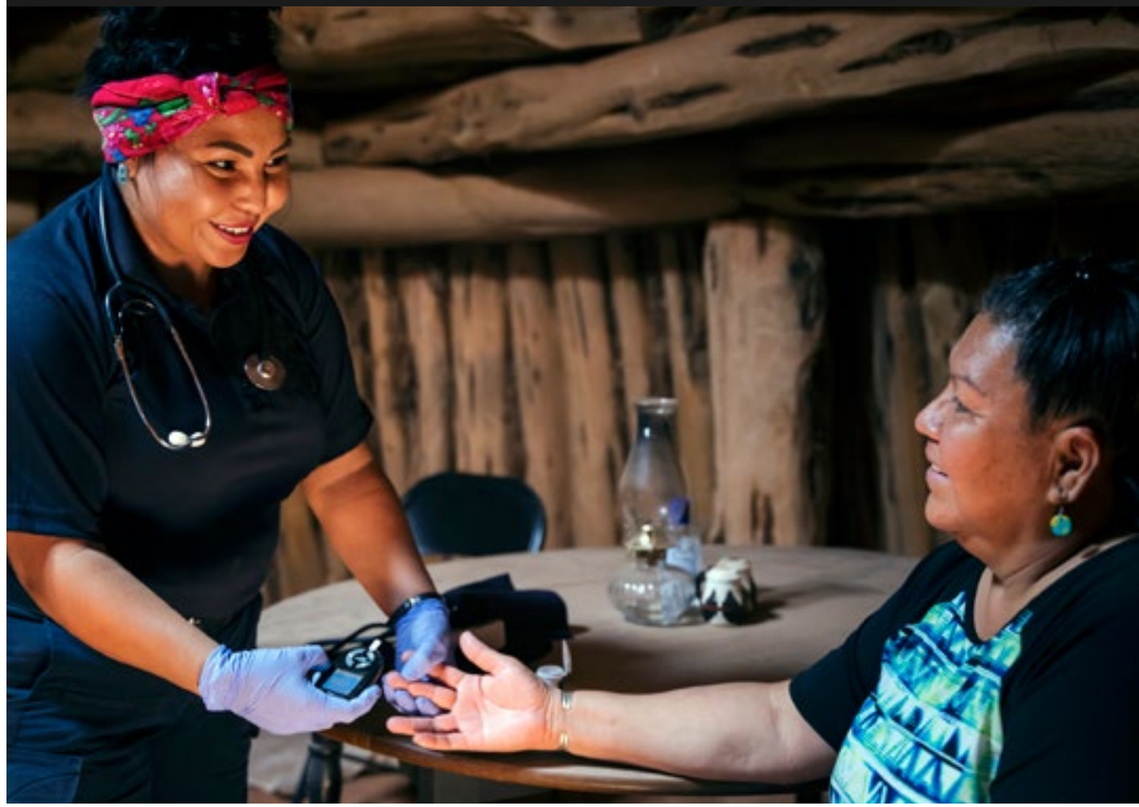
Actions to take

- **Get organized and knowledgable:** Leaders can't solve these complex issues alone. Participate in coordinated responses through MPAs and community health needs assessments. Use AI to simulate scenarios and design effective solutions.
- **Engage nontraditional partners:** Solving these longstanding challenges will require creative approaches. Consider how expertise from the technology, transportation, and housing sectors can introduce new pathways to care.

A **CLOSER** LOOK

The Rural Health Transformation Program

This groundbreaking program allocates $50 billion to support the modernization of rural healthcare organizations and improve access for Americans living in rural and frontier areas. Distributed by states and allocated by the Centers for Medicare & Medicaid Services, funding is expected to help offset significant cuts to Medicaid, which rural providers rely on for revenue. The program focuses on financial viability improvements, technology and data infrastructure modernization, and workforce development to address critical shortages. The program is a model for how coordinated investment and policy alignment can reshape access and equity in healthcare.



TREND 03

Growth plans shift under pressure

Executives have already cut costs wherever possible. As Medicaid reductions and reimbursement pressures continue to shrink provider margins, leaders must fundamentally reevaluate how work gets done. In 2026, growth will come not just from consolidation but from reinvention.

Some health systems are exploring partnerships with retail, technology, and venture entities to diversify revenue streams and expand care access. These unconventional moves reflect a broader shift as growth is no longer about scale alone. It's about agility, integration, and ecosystem leverage. But most organizations will still need to look inward for efficiencies, aligning staffing with demand and rethinking care delivery, back-office processes, and non-core functions.

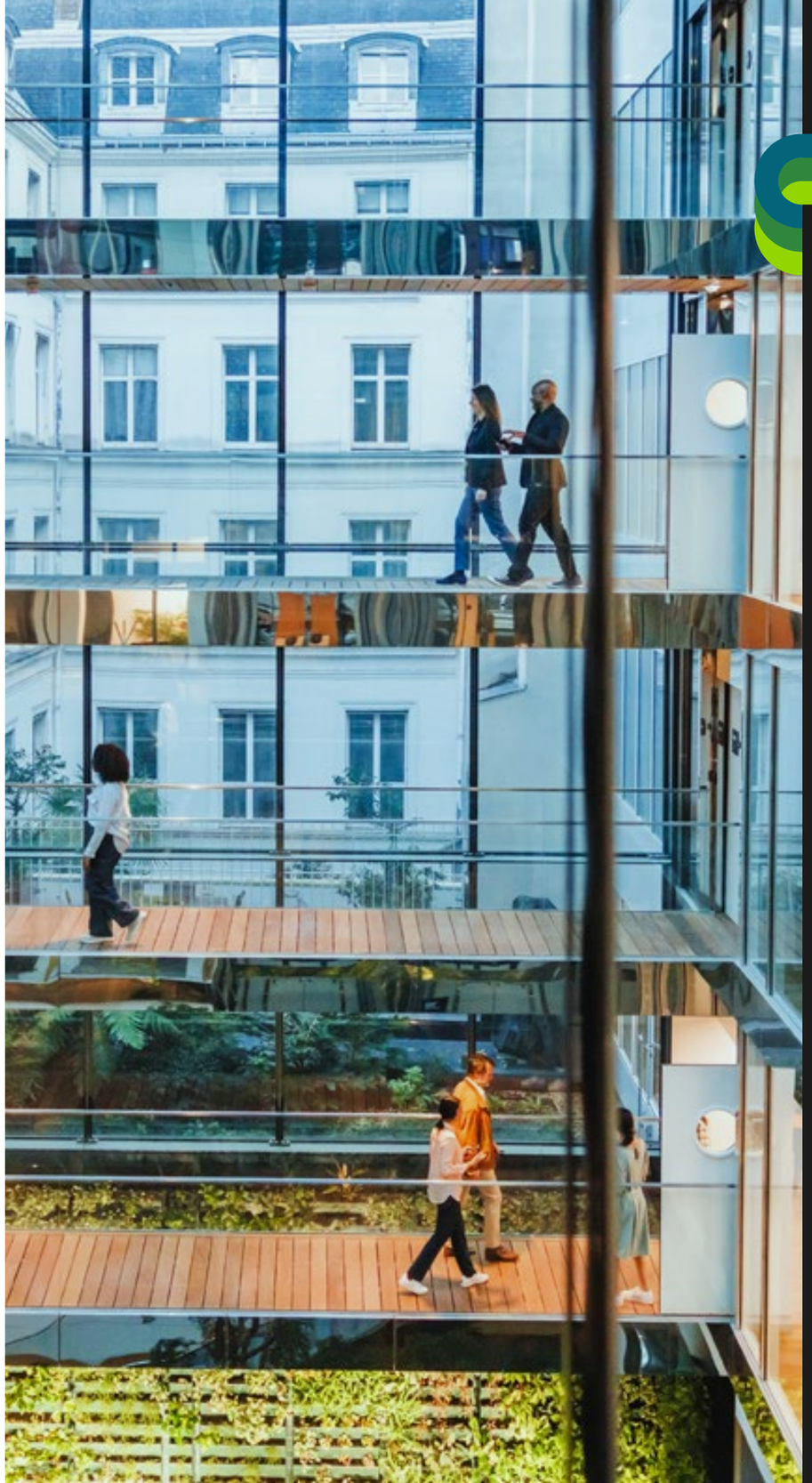
While U.S. hospital M&A hit its lowest level in over a decade in 2025, these financial pressures are expected to accelerate consolidation once again. This signals a rebound driven by necessity for the entire industry—payers, providers, and life sciences alike.

As providers consolidate, expand across the continuum, and employ more physicians, payer contracting may become more contentious. Health plans will be forced to negotiate with a smaller number of increasingly powerful provider organizations. At the same time, life sciences firms must adapt to a new reality: fewer independent prescribers and fewer provider-sponsored health plans. Traditional sales models may falter. Brands will need to negotiate at the health system level, rethink access strategies, and align with new care pathways.

Actions to take

- **Use AI to pinpoint areas for improvement:** Process mining tools can shadow staff, analyze workflows, and identify high-value automation use cases that unlock efficiencies and free up staff to work on higher-value business opportunities.

- **Focus on full integration after M&A:** Many organizations fail to realize the benefits of consolidation due to siloed operations. Leaders must prioritize governance, cultural alignment, and shared metrics to drive true integration.



A **CLOSER** LOOK

The M&A playbook

In 2025, 75% of U.S. health system financial executives told us they plan to scale through M&A or partnerships. In 2026, leaders are zeroing in on deals that don't just add size but also sharpen strategy. They're seeking partners who can help them grow organically by strengthening core services and keeping patients in-network. As outlined in our ***health system M&A playbook***, the right path will depend on each organization's operating goals:

- **Acquire** when scale is a priority and strategic value outweighs risk
- **Divest** when it's time to focus and shed non-core or underperforming assets
- **Partner** when there's mutual advantage and speed is needed

Guidehouse

TREND 04

Payer-provider relations face a turning point

For decades, health plans and provider organizations have struggled to find the right balance between controlling costs and achieving high quality and financial viability. In 2026, the relationship has reached a critical juncture. Consumer frustration with complexity is mounting, care delays are increasing, and administrative costs are ballooning. The adversarial relationship between payers and providers has become a defining feature of the American healthcare experience—one marked by denials, delays, and distrust.

Margin concerns aren't just coming from providers. Health plans are reporting that rising medical costs and higher utilization—especially in Medicare Advantage and Medicaid—are straining finances. The nation's largest health systems and payers need to come to the table and align on governance structures that prevent costly denials and reduce the wildly inefficient back-and-forth that has come to define the healthcare experience.

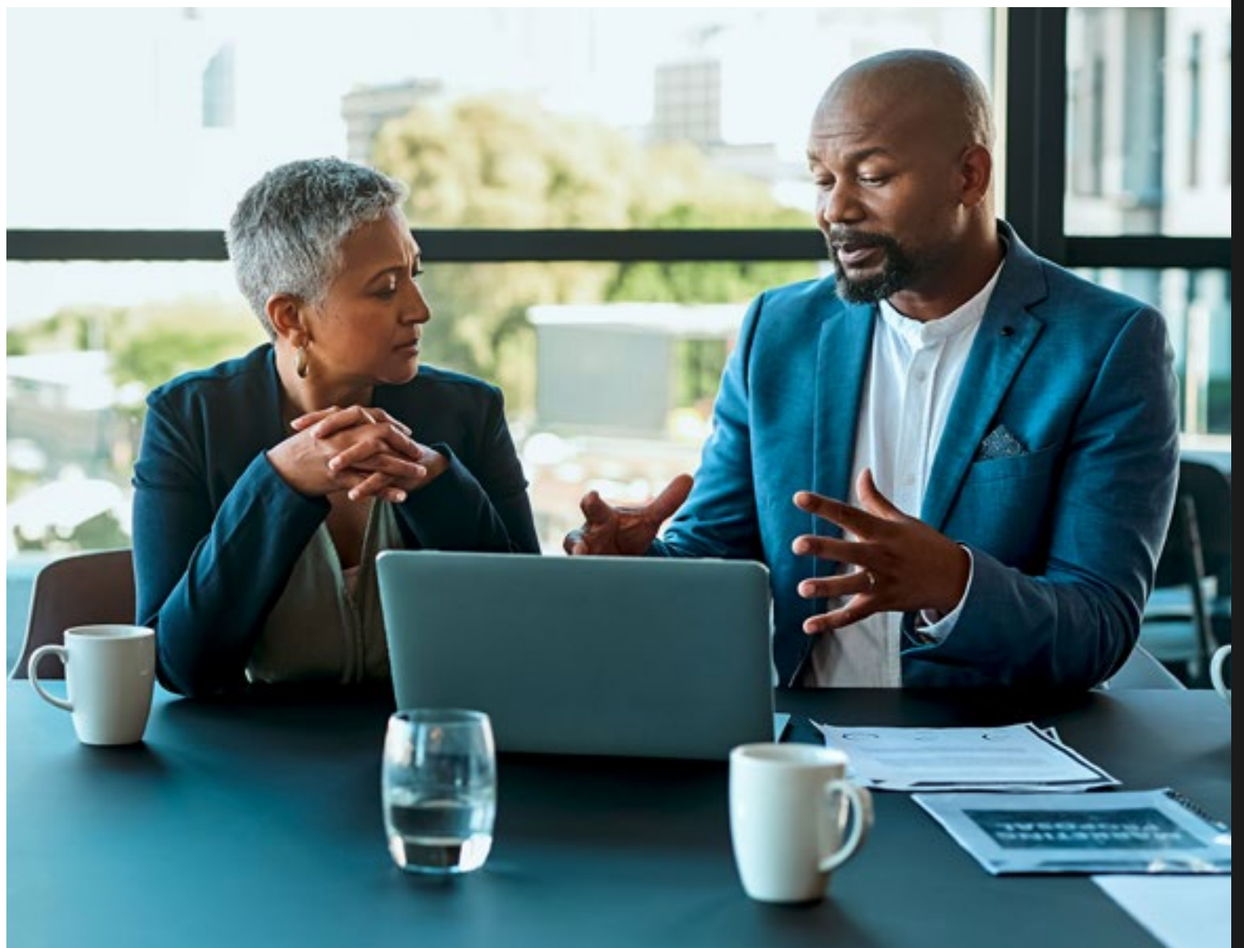
Reimbursement challenges now impact pharma as well. As treatments become more complex and more often delivered in clinical settings, health plans increasingly control access. Pharma brands must advocate for a reimbursement landscape that is agile, transparent, and patient-centered while facilitating timely access to innovative therapies.

Fortunately, signs of change are emerging. The U.S. Centers for Medicare & Medicaid Services Interoperability and Prior Authorization FInal Rule, effective January 2026, mandates faster, more transparent prior authorization processes—including 72-hour turnaround requirements and standardized data exchange. This regulatory pressure may finally force improvements to governance and reduce the inefficiencies that have long plagued the system.

Actions to take

- **Expand PA automation:** Although AI is already helping with prior authorization, true efficiency will come when payers and providers automate the process end-to-end—making routine approvals fully rules-based.

- **Align on governance:** Providers and payers must establish shared decision-making frameworks—whether by mutual agreement or regulatory mandate—to reduce denials and improve care continuity. Automation depends on this structure.



A CLOSER LOOK

A vicious revenue cycle

Nowhere is the payer–provider standoff more intense than in the revenue cycle, where denials spike, prior authorizations stall, and rate negotiations turn into battlegrounds. Nearly 90% of hospital finance executives report that payer challenges are a top concern for their revenue cycle departments, according to Guidehouse data. But 2026 may mark a turning point. With CMS mandates and collaborative initiatives underway, both sides are deploying AI and managed services to reduce ambiguity, improve transparency, and restore financial stability. These efforts signal a shift from reactive firefighting to proactive redesign, introducing structure to a historically chaotic system.

Guidehouse

METHODOLOGY

The 2026 Trends Guide was developed through in-depth interviews with Guidehouse leaders and advisors across our global network. These experts brought forward real-world insights grounded in their direct work with government and commercial clients across industries.

Discover how Guidehouse helps providers, state and federal agencies, and life sciences firms shape a **healthier future** for all.

"Healthcare has always required a **team approach**—something that will be more critical than ever in 2026."

JOHN MORRIS
PARTNER
GLOBAL HEALTH
LEADER

SARAH GARNETT
PARTNER
FEDERAL HEALTH
LEADER

TIMOTHY E. KINNEY
PARTNER
PAYER / PROVIDER
LEADER

HANFORD LIN
PARTNER
STATE HEALTH AND
HUMAN SERVICES
LEADER

DOUGLAS R. MARTIN, MD
PARTNER
LIFE SCIENCES LEADER

TRUC TAYLOR
DIRECTOR
AI & DATA, HEALTH

Guidehouse

2026 Trends Guide

HEALTHCARE

Guidehouse is a global AI-led professional services firm delivering advisory, technology, and managed services to the commercial and government sectors. With an integrated business technology approach, Guidehouse drives efficiency and resilience in the healthcare, financial services, energy, infrastructure, and national security markets. Built to help clients across industries outwit complexity, the firm brings together approximately 18,000 professionals to achieve lasting impact and shape a meaningful future. **guidehouse.com**