The future in focus: Game-changing insights from the 2025 Impact of Change® forecast

The biggest story from this year's Impact of Change forecast: The silver tsunami is here.

A **5%** increase in adult inpatient (IP) utilization is anticipated over the next 10 years, with the rapidly growing 65+ population driving that demand. In fact, seniors are expected to account for more than **half of all IP admissions** by 2035.

This rise in older, high-acuity patients necessitates a radical reshaping of healthcare: better coordination across the continuum to seamlessly treat multiple comorbidities; predictive analytics to identify high-risk seniors early; and more investment in remote patient monitoring to prevent inpatient overflow.

Also important to note: An aging America means there's a retirement cliff on the horizon. Currently, **34%** of nurses are older than age 55, and **30%** of physicians are older than age 60, which will exacerbate workforce shortages.

But this isn't the only game-changing insight in the 2025 forecast. After months of research, analysis and validation of healthcare utilization trends, innovation impacts, economic pressures and demographic shifts conducted by 35 Vizient experts—including 30+ service line specialists—several noteworthy narratives surfaced that point to strategic imperatives.

They all had one theme in common: You must do more with less.

We're here to help by outlining the biggest implications of this year's forecast, along with creative ways to confront the challenges ahead.

© 2025 Vizient, Inc. All rights reserved.

How will you reshape the future of healthcare?

Story #1: Aging demographics will fundamentally transform care

Overview: Over four million people age into Medicare each year, and more seniors are living into their 80s, 90s and even 100s. These older patients often have multiple chronic conditions, requiring multidisciplinary care rather than condition-specific treatment. They're often sicker with more complex needs, necessitating longer lengths of stay and more resources. Couple those realities with the workforce retirement cliff, and the imperative for change is clear.

What it means for you: Stop viewing aging as just a demographic trend: It's a system-wide transformation driver. Systems that act now—by modernizing care models, integrating data and operations, and building flexible teams—will be best positioned to manage the rising tide of senior care complexity while preserving margins and improving outcomes.

> "It's more than just having geriatricians. It's more than just making sure that your elderly population is coming in for their annual screenings. As patients live longer, they're dealing with increasingly complex health challenges."
>
> **Tori Richie**
> Senior Consulting Director, Intelligence

Key stats:

32%

The 65+ population is expected to grow 32% between 2025 and 2035 and equal 23% of the total U.S. population by 2050.

51%

By 2035, 51% of adult IP discharges are expected to stem from those ages 65 and older.

106%

Cardiovascular valve procedures are expected to grow by 106% in the 65+ population by 2035.

© 2025 Vizient, Inc. All rights reserved.

5 moves to get ahead of the curve

1. Plan for surging complexity, not just volume

The aging population brings more than just a rise in patient counts—it introduces higher acuity, multiple chronic conditions and longer lifespans. Healthcare organizations must shift from siloed, episodic care to comprehensive, longitudinal care models.

Action: Rethink how you deliver care across service lines to accommodate patients who require coordinated, multidisciplinary treatment.

- Create care pathways that span multiple specialties (e.g., a diabetes + cardiology + nephrology joint pathway); standardize interdisciplinary care conferences or rounds for complex senior patients, and use clinical navigators or care managers to connect the dots across episodes of care.
- Embed geriatric best practices into primary care, emergency department (ED), orthopedics, oncology and post-acute teams, and prioritize functional outcomes, medication safety and long-term independence—not just short-term recovery.
- Develop integrated dashboards that track the full patient journey, not just a snapshot by the department. Also set shared key performance indicators (KPIs) across service lines (e.g., reduction in ED visits, medication adherence and patient satisfaction) to align incentives.

Tactics for implementation		
	Traditional model	**Future-focused model**
Care planning	Managed by specialty silos	Multidisciplinary teams coordinate longitudinally
Data access	Fragmented across departments	Integrated clinical analytics with predictive flags
Transitions	Reactive, patient-driven handoffs	Proactive coordination via navigators and case managers
Patient view	Visit-based, condition-centric	Whole-person, episode-spanning perspective
Operational response	Static schedules and workflows	Dynamic adjustments to staffing, space and triage protocols

© 2025 Vizient, Inc. All rights reserved.

2. Lose your focus on traditional infrastructure

Meeting the needs of aging patients doesn't necessarily mean building new hospitals or expanding physical space. In fact, that approach is often too slow and expensive, and may fail to address the real issue: how, when and where care is delivered. The key isn't adding square footage—it's designing smarter, more flexible systems that keep patients healthier outside the hospital while preserving inpatient space for the highest-acuity cases.

Action: Redesign care delivery and physical capacity with flexibility and efficiency at the core.

- Develop more robust ambulatory and virtual care offerings to reduce pressure on IP units. This includes remote patient monitoring, virtual visits and urgent care alternatives that allow patients to receive timely interventions closer to home.
- Instead of defaulting to expansion, use real-time analytics to track utilization trends and identify where space is needed most. Evaluate how better discharge planning, shorter lengths of stay and reduced readmissions can create capacity.
- Use open inpatient space for higher-margin cases or to serve the most complex patients more effectively. Create capacity by diverting low-acuity visits upstream and redeploy staff to where demand is growing, such as post-acute and home-based care.

Tactics for implementation		
	Traditional model	**Future-focused model**
Physical space	Build new facilities to meet rising demand	Maximize existing space through smarter throughput and discharge
Capacity planning	Reactive, volume-based expansion	Data-driven, acuity-aware forecasting and planning
Site-of-care focus	Inpatient-centric	Distributed across inpatient, ambulatory, virtual and post-acute settings
Staff deployment	Fixed roles at fixed sites	Flex staffing across care settings (e.g., clinic, virtual and ambulatory surgery center)
Use of inpatient beds	Filled on a first-come, first-served basis	Prioritized for high-acuity, high-margin cases

3. Use data to predict and personalize

Serving an older, sicker population requires more than hindsight and averages—it demands foresight and precision. With the right data, you can move from reacting to risk to actively preventing it. But too often, analytics are siloed, retrospective or inaccessible to frontline teams. Organizations need to unlock real-time, predictive insights that personalize care pathways, identify bottlenecks before they occur and tailor resources to patient-level needs.

Action: Operationalize predictive analytics and local segmentation to stay ahead of rising risk.

- Use historical seasonal patterns, unit-level census trends and ED utilization data to predict near-term demand surges. Enable care teams to shift resources dynamically and avoid capacity crises.
- Move beyond basic utilization data to segment patients based on health status, comorbidities, social risk and geography. Prioritize high-risk seniors for proactive outreach and care management.
- Democratize access to predictive dashboards across the system, from executive leadership to frontline staff. Ensure everyone is working from the same real-time metrics and aligned around shared targets.

Tactics for implementation		
	Traditional model	**Future-focused model**
Forecasting	Retrospective analysis of volume trends	Short-term predictive models anticipate demand and acuity
Risk identification	Based on past hospital use	Stratified by real-time clinical, behavioral and social determinants
Data transparency	Analytics isolated by department or leadership	Shared dashboards accessible to all care teams
Patient segmentation	Broad population-level averages	Localized, ZIP-code-level segmentation based on risk and access
Operational response	Static schedules and workflows	Dynamic adjustments to staffing, space and triage protocols

© 2025 Vizient, Inc. All rights reserved.

4. Redesign the workforce for flexibility

The healthcare workforce crisis is an inescapable reality. As retirements outpace recruitment and burnout continues to drain capacity, you can't rely on hiring your way out of staffing shortages. Instead, reshape workforce models around agility, mobility and cross-functional expertise. Success will depend not only on having enough staff, but on having the right people in the right place at the right time.

Action: Build a flexible workforce model that can pivot across settings and specialties.

- Cross train clinicians, especially nurses and advanced practice providers (APPs), to rotate between care environments such as primary care, ambulatory surgery centers (ASCs) and virtual care. This enables smarter deployment and reduces coverage gaps.
- Move away from static site-based staffing and instead create hybrid roles that blend in-person and virtual responsibilities or shift between inpatient and outpatient (OP) duties as volumes fluctuate.
- Equip teams with the clinical competencies required to manage complex seniors, such as geriatrics, behavioral health, polypharmacy management and post-acute care navigation.

Tactics for implementation		
	Traditional model	**Future-focused model**
Staffing model	Fixed-site roles with narrow specialization	Flexible, cross-trained teams that float across care settings
Workforce planning	Static schedules and coverage maps	Dynamic staffing based on real-time acuity and demand forecasts
Role design	Tied to physical location	Hybrid roles span virtual, ambulatory and inpatient environments
Staff training focus	Based on department needs	Tailored to complex aging populations and longitudinal care delivery
Utilization strategy	Maximize headcount	Maximize adaptability and skill versatility

5. Strategize around health equity and access

Older adults don't age equally. While some maintain robust health and financial security well into their 80s and 90s, others struggle with chronic illness, food insecurity, housing instability or a lack of transportation. A one-size-fits-all approach to senior care leaves the most vulnerable behind. To serve all patients effectively, you must embed equity into strategic planning, resource allocation and care design.

Action: Segment your population to address access gaps and resource disparities head-on.

- Move beyond general demographics and assess populations at the ZIP-code or neighborhood level. Consider income, social risk, comorbidity burden and care availability to tailor engagement models for different senior cohorts.
- Build programs for seniors who are medically complex and financially insecure, such as ED avoidance initiatives, transportation support, food assistance or subsidized telehealth. Tie these to philanthropic efforts or value-based care incentives.
- Develop revenue streams that generate margin (e.g., outpatient procedures, ASC expansion), then channel reinvestment into services for underserved populations. This ensures mission-driven care is supported by financially viable operations.

Tactics for implementation		
	Traditional model	**Future-focused model**
Population analysis	Age and diagnosis-based segmentation	Localized segmentation based on comorbidities and social determinants
Program design	Standardized services across all populations	Targeted interventions for high-need, low-access seniors
Access strategies	Reactive to gaps when they arise	Proactive investments in transportation, virtual access and outreach
Funding model	Mission-based programs without clear ROI	Margin-generating services fund equity-driven reinvestment
Health equity integration	Adjacent to strategy	Embedded into every strategic planning and operational decision

© 2025 Vizient, Inc. All rights reserved.

How will you reshape the future of healthcare?

Story #2: GLP-1 adoption is reshaping chronic care delivery

Overview: GLP-1s, originally designed to treat patients living with Type 2 diabetes, have emerged as a transformative force in chronic disease management. With more than 40% of U.S. adults qualifying for treatment based on BMI alone—and expanded indications extending into cardiology, nephrology and even oncology—the potential scale of impact is enormous. But the promise of these therapies comes with complexity including high attrition rates, side effects like pancreatitis or gallbladder disease and payer barriers that require coordinated prior authorization workflows. Moreover, GLP-1s demand new care models: Longitudinal monitoring, pharmacist-prescriber partnerships and remote symptom tracking are now critical components of success.

Importantly, long-term safety and effectiveness for obesity treatment remain under-studied, especially as higher doses are used in non-diabetic populations. Health systems must stay vigilant for unknown adverse effects and consider future strategies such as combination therapies and muscle mass preservation.

What it means for you: GLP-1s aren't just a pharmaceutical trend—they're a catalyst for a network-level shift in chronic care strategy. Health systems that proactively scale infrastructure, workforce models and digital engagement will be best positioned to reduce inpatient utilization, manage comorbidities and preserve margins across chronic care populations. But success also depends on building high-touch, patient-specific and scalable models. That means establishing triage pathways for acuity levels, integrating pharmacists into titration protocols and ensuring follow-up whether care is delivered virtually or in person.

> **"We're seeing these medications touch nearly every part of the system—from primary care to cardiology, from virtual monitoring to medication titration. The implications go far beyond weight loss."**

Emily Fitt
Senior Associate, Intelligence

Key stats:

8%

Type 2 diabetes inpatient discharge growth is expected to soften to 8% by 2035 due to GLP-1 utilization.

1/3

If just one-third of Type 2 diabetes patients were managed with GLP-1s and chronic care protocols, over 700,000 discharges could be avoided by 2035.

26%

Evaluation and management (E&M) visits for diabetes are projected to grow by 26% due to increased longitudinal outpatient management.

© 2025 Vizient, Inc. All rights reserved.

5 moves to get ahead of the curve

1. Redesign chronic care pathways for multidimensional coordination

GLP-1s are being prescribed across a growing range of conditions and specialties. Care must evolve beyond Type 2 diabetes management to accommodate multisystem complexity.

Action: Establish disease-centered medical homes and interdisciplinary teams that align obesity, cardiometabolic, nephrology and behavioral health expertise.

- Build dedicated cardiorenal metabolic clinics and diabetes centers.
- Embed clinical pharmacists and titration protocols into chronic care workflows.
- Train primary care providers (PCPs) in obesity management and subsidize obesity medicine certification.
- Establish acuity-based triage models. Route high-acuity patients to endocrinologists, cardiologists or bariatric specialists, and manage lower-acuity cases via PCP-pharmacist teams trained in obesity.

Tactics for implementation		
	Traditional model	**Future-focused model**
Care model structure	Episodic chronic care	Continuous monitoring and titration
Care team configuration	Primary care-only management	Team-based models (PCP + pharmacist + specialist)
Patient engagement frequency	Static visit cadence	Data-driven outreach based on risk segmentation and monitoring indicators

2. Shift utilization to the ambulatory setting with digital augmentation

Increased E&M volumes and GLP-1 side effect monitoring require expanded outpatient bandwidth, not more inpatient beds.

Action: Build flexible ambulatory platforms to absorb growing outpatient demand.

- Expand virtual E&M visit capacity and implement automated symptom tracking.
- Use continuous glucose monitors and medication reminders to improve adherence.
- Deploy remote patient monitoring, even for patients without diabetes.
- Develop structured touchpoints every 30 days for dose titration and adverse event monitoring, especially during the first months of therapy.

Tactics for implementation		
	Traditional model	**Future-focused model**
Ambulatory infrastructure	Emphasis on in-person visits in a physical location	Virtual-first chronic care delivery
Engagement and management strategy	One-size-fits-all patient follow-up	Personalized tracking and reminder systems
Site of care management	Facility-based management	Home and mobile-enabled monitoring

© 2025 Vizient, Inc. All rights reserved.

3. Manage cost and access through policy-savvy operations

High costs and inconsistent coverage can derail GLP-1 access. Proactive policy navigation is essential.

Action: Institute payer response models.

- Create a dedicated prior authorization team for GLP-1s.
- Monitor evolving telehealth partnerships and payer strategies (e.g., pharma-telehealth bundling) that could impact your system's market share or disrupt continuity of care.
- Prepare for post-shortage fallout. Patients shifting away from compounders or telehealth startups may flood traditional health systems seeking new options.

Tactics for implementation		
	Traditional model	**Future-focused model**
Prior authorization process	Case-by-case	Centralized, scalable coverage navigation
Cost strategy	Fragmented cost management	Value-based ROI projections
Provider support	Prescriber burden	Admin team support for medication access

4. Prepare for a next-generation medication ecosystem

GLP-1s are the first in a wave of blockbuster therapies. Lessons learned now will shape future readiness.

Action: Use GLP-1 adoption to pilot cross-specialty innovation.

- Track emerging applications (e.g., addiction, liver disease and oncology)
- Establish safety protocols for drug interactions and lean mass loss.
- Map out care transitions between primary and secondary specialty involvement.
- Anticipate the arrival of "tri-agonists," amylin combo therapies and oral GLP-1s, each with potentially distinct care and safety profiles.
- Begin developing protocols for future combination therapies and surgical prep applications.

Tactics for implementation		
	Traditional model	**Future-focused model**
Prescribing approach	Condition-based prescribing	Whole-patient medication management
Specialty coordination	Siloed specialty practice	Inter-specialty collaboration on shared protocols
Side effect and risk oversight	Focus on acute side effects	Proactive secondary condition screening

© 2025 Vizient, Inc. All rights reserved.

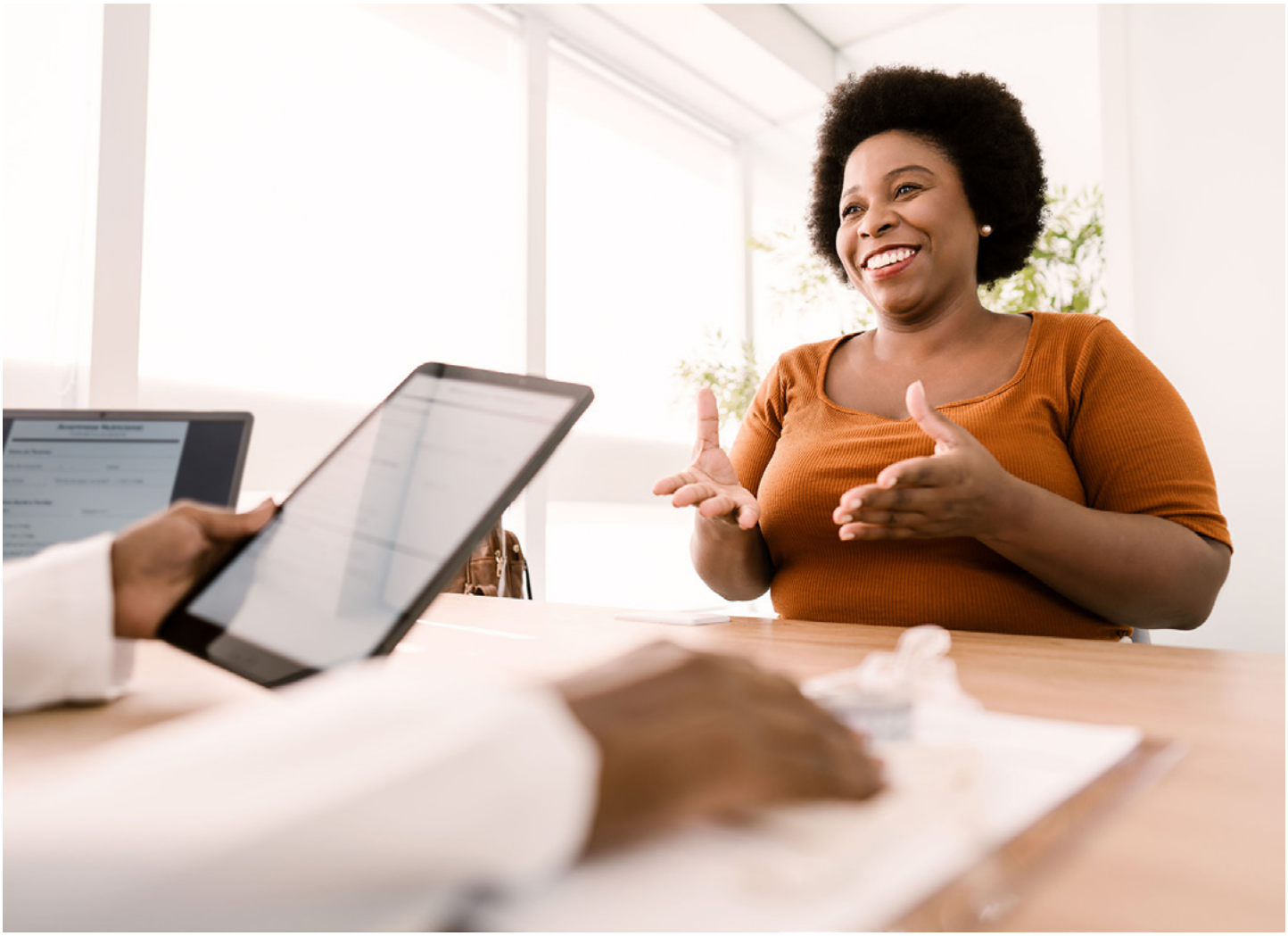
5. Segment patient populations to scale appropriately

Only a fraction of eligible patients are currently on GLP-1s, but demand could surge. Systems must segment patients to scale effectively.

Action: Stratify patients to optimize prescribing pathways.

- Route lower-acuity obesity patients to PCP/pharmacist dyads.
- Reserve endocrinology and cardiology for complex cases.
- Use ZIP-code-level risk stratification to prioritize high-need populations.
- Create scalable, efficient navigation pathways for patients unfamiliar with obesity treatment, including those unsure when to switch therapies, explore surgery or adjust dosing.
- Use program design to prevent patient "yo-yoing" off and on medications, which may cause irreversible loss of muscle mass.

Tactics for implementation		
	Traditional model	**Future-focused model**
Care model stratification	Uniform treatment plans	Tiered care models by morbidity and risk
Prescribing access	Centralized specialty bottlenecks	Decentralized prescribing at point of primary care
Population segmentation	Limited access tracking	Localized segmentation and resource tracking



© 2025 Vizient, Inc. All rights reserved.

How will you reshape the future of healthcare?

Story #3: Ambulatory and post-acute care are the new front doors

Overview: Health systems face an inflection point: Hospital-centric models no longer meet the needs of today's patients, payers or margins. As utilization shifts toward lower-acuity settings, the greatest growth is occurring outside hospital walls in ambulatory clinics, home-based recovery models and digitally augmented care. This isn't just a site of care shift. It's a structural realignment of how care is delivered, coordinated and monetized.

But health systems are lagging behind as ambulatory strategies remain fragmented or underfunded. Post-acute care transitions are still disjointed and inconsistently staffed. And too few organizations are treating these verticals as distinct engines of strategic and financial performance.

What it means for you: It's time to stop viewing ambulatory and post-acute care as downstream support services—they're **foundational** to sustainable growth. Organizations that elevate these domains with dedicated leadership, capital planning, predictive technology and integrated workflows will outpace their peers in access, cost efficiency and market relevance.

> "Care at home is no longer just a discharge plan. It's an entire portfolio of services that must be planned, staffed and scaled like any other care setting."

Nikita Arora
Senior Associate, Intelligence

Key stats:

18%

Outpatient care volumes are forecast to increase by 18% nationwide between 2025 and 2035, significantly outpacing inpatient growth.

43%

Total post-acute care volume is projected to grow 31% over the next decade, with home health services growing by 25% and home-based physical therapy/occupational therapy treatments growing 31%. Home and domiciliary hospice visits have the largest anticipated growth with a 43% projected increase.

17%

E&M visits are expected to grow 17%, with 19% of all visits occurring virtually by 2035.

© 2025 Vizient, Inc. All rights reserved.

5 moves to get ahead of the curve

1. Treat ambulatory as a standalone business unit

Traditional service-line extensions won't deliver the agility required..

Action: Restructure governance to elevate ambulatory leadership and accountability.

- Separate ambulatory operations from hospital reporting chains.
- Establish standalone P&L tracking and capital budgets for ambulatory growth.
- Appoint an executive leader for ambulatory who reports directly to the C-suite.

Tactics for implementation		
	Traditional model	**Future-focused model**
Governance	Ambulatory reports under hospital operations	Ambulatory leader reports alongside hospital executives
Financial planning	Lumped with inpatient budgets	Dedicated ambulatory capital allocation and P&L tracking
Strategy scope	Acute-focused strategic plans	Ambulatory-first growth models with downstream ROI focus

2. Scale care at home through portfolio models

Care at home isn't a one-size-fits-all initiative.

Action: Build a diversified portfolio of home-based care, tailored by acuity and use case.

- Offer chronic care at home, post-acute recovery and hospital-at-home programs.
- Strengthen foundational services like home nursing and social work support.
- Invest in remote monitoring, virtual visits and logistics infrastructure.

Tactics for implementation		
	Traditional model	**Future-focused model**
Care-at-home scope	Episodic home health only	Multi-tiered care portfolio: chronic, post-acute and acute
Tech infrastructure	Basic electronic medical record extension	Integrated remote patient monitoring, virtual triage and care logistics
Workforce planning	Home visits by referral	Embedded care coordination and predictive deployment

3. Rethink post-acute transitions as strategic assets

Post-acute care isn't just a discharge—it's a high-value touchpoint.

Action: Formalize post-acute care orchestration to reduce readmissions and increase satisfaction.

- Initiate care planning at admission, not discharge.
- Use predictive tools to risk-stratify patients for post-acute care needs early.
- Align nurses, case managers and social workers through shared goals.

Tactics for implementation		
	Traditional model	**Future-focused model**
Care planning timing	Day-of-discharge coordination	Initiate planning early during an inpatient stay
Data use	Manual discharge readiness screening	Predictive analytics guide PAC pathway decisions
Team structure	Disconnected discharge teams	Multidisciplinary PAC command centers

© 2025 Vizient, Inc. All rights reserved.

4. Align reimbursement with care transformation

Fee-for-service won't sustain home and ambulatory care at scale.

Action: Engage payers in value-based pilots tied to ambulatory and PAC quality.

- Create performance-based incentives tied to hospital avoidance.
- Participate in Centers for Medicare & Medicaid Services (CMS) hospital-at-home pilots and Medicare Advantage (MA) value contracts.
- Use internal insurance arms or partner models to manage population risk.

Tactics for implementation		
	Traditional model	**Future-focused model**
Reimbursement focus	Fee-for-service (FFS)-based, site-dependent	Risk-based, longitudinal outcome-driven
Payer collaboration	Reactive to payer rules	Co-developed value-based pilots and shared savings
Funding innovation	Reliant on FFS proceeds	Multichannel: philanthropy, MA plans and joint venture models

5. Expand workforce flexibility to enable distributed care

You can't scale new care models without new staffing models.

Action: Invest in flexible, cross-trained staff who can operate across ambulatory and post-acute settings.

- Cross train staff in clinical monitoring, medication adherence and virtual care.
- Enable scheduling fluidity between clinic, virtual and home-based environments.
- Upskill nursing staff to manage higher-acuity home cases.

Tactics for implementation		
	Traditional model	**Future-focused model**
Role design	Static, site-specific roles	Cross-trained, hybrid-care navigators
Staffing strategy	Department-based, full-time equivalent planning	System-level floating workforce with acuity-based assignment
Training focus	Setting-specific licensing only	Expanded credentials for home, virtual and chronic care

© 2025 Vizient, Inc. All rights reserved.

How will you reshape the future of healthcare?

Story #4: Cancer care transformation demands agility, access and alignment

Overview: Cancer care is at a breaking point. Complexity is rising, from precision therapies to younger, newly diagnosed patients with late-stage disease. Inpatient growth is leveling off, but not because demand is shrinking. Instead, procedures are shifting to outpatient sites and advanced therapies are pushing patients out of beds and into clinics, pharmacies, homes and digital platforms. Meanwhile, care delivery is still fragmented, workforce shortages are acute and access barriers are widespread.

Patients expect more: faster access, fewer logistical burdens and care tailored to their tumor type, values and life stage. And systems are facing competition not only from peers, but from private equity groups, national cancer networks and direct-to-employer models.

What it means for you: Cancer care must evolve from fragmented transactions to seamless, subspecialized ecosystems. Organizations that succeed will embrace connected navigation models, balance innovation with access and expand their strategy beyond the four walls of the hospital. Excellence will depend not just on clinical outcomes, but on how well systems orchestrate the full cancer journey.

> **"Cancer care is evolving faster than ever—patients are younger, treatments are more complex and expectations are higher. Health systems must fundamentally rethink how they deliver, organize and differentiate cancer services."**

Setu Shah
Senior Associate, Intelligence

Key stats:

18%

Outpatient cancer volumes are projected to grow 18% by 2035; inpatient cancer volumes are forecasted to remain flat, despite rising patient acuity.

26%

Lung cancer outpatient volumes are forecast to grow 26% by 2035, with bronchoscopy procedures up 30% and low-dose CT lung screenings up 58%.

60

Medical innovation is accelerating. There were more than 60 FDA approvals in 2024, including 11 first-in-class therapies, with seven therapies shifting from IV to subcutaneous administration.

© 2025 Vizient, Inc. All rights reserved.

4 moves to get ahead of the curve

1. Reengineer the care ecosystem around the patient

Cancer patients move across dozens of touchpoints—surgery, infusion, imaging, rehab and post-acute. However, many systems still operate in disconnected silos.

Action: Build a high-functioning system of care that spans early detection to survivorship.

- Embed navigators with clinical and administrative functions across tumor types.
- Extend navigation to referral sources, psychosocial services and survivorship.
- Standardize care coordination and minimize friction between sites and specialties.

Tactics for implementation		
	Traditional model	**Future-focused model**
Patient handoffs	Episodic and siloed	Continuous navigation and whole-journey tracking
Referring relationships	Passive, fragmented	Proactive, aligned partnerships across the continuum
Coordination strategy	Site-specific or informal	System-led with embedded roles and tech-enabled pathways

2. Design for rising outpatient complexity and survivorship

Even as volumes move to outpatient sites, acuity and duration of care are rising.

Action: Create care models that are structured for clinical intensity—not just throughput.

- Expand advanced APP roles to manage survivorship, early-stage disease and urgent care.
- Develop distinct pathways for high-risk and long-term survivors.
- Use ambulatory infrastructure to deliver intensive therapies traditionally given in the IP setting.

Tactics for implementation		
	Traditional model	**Future-focused model**
APP utilization	Limited to low-complexity or admin tasks	Advanced roles in treatment, urgent care, survivorship
Survivorship care	Referral to primary care or underdeveloped programs	Dedicated clinics with risk-adjusted triage
Ambulatory capacity	Volume-based planning	Complexity-aware planning and virtual + home extensions

3. Anticipate and adapt to therapeutic disruption

The cancer pipeline is moving fast, from CAR-T and cellular therapies to radiopharmaceuticals and liquid biopsies.

Action: Develop agile processes to evaluate and scale emerging therapies.

- Plan for outpatient CAR-T therapy and build remote patient monitoring into treatment models.
- Invest in radiopharmacy infrastructure for radioligand therapy and theranostics.
- Prepare contracting teams for novel reimbursement models and manufacturer alignment.

Tactics for implementation		
	Traditional model	**Future-focused model**
Innovation adoption	Passive or site-limited	Systemwide readiness for new therapies and modalities
Infrastructure design	Built for historical standards	Modular, tech-enabled and site-flexible infrastructure
Drug utilization review	Retrospective	Forecast-driven, formulary-integrated and ROI-aware

© 2025 Vizient, Inc. All rights reserved.

4. Differentiate with speed, subspecialization and strategic access

In an increasingly competitive oncology market, access and reputation drive volume.

Action: Build a care model that emphasizes speed, expertise and experience.

- Pilot same-day/next-day consults and fast-track diagnostic clinics.
- Create subspecialty tumor teams that align with local market demand.
- Collaborate across academic and community settings to extend reach and brand.

Tactics for implementation		
	Traditional model	**Future-focused model**
Access approach	Long intake timelines, generic routing	Tumor-specific intake and fast-track appointments
Program differentiation	Breadth-based cancer centers	Tumor-specialized hubs with regional extensions
Market strategy	Local, inpatient-focused growth	Regional, outpatient-first, digitally enabled expansion

© 2025 Vizient, Inc. All rights reserved.

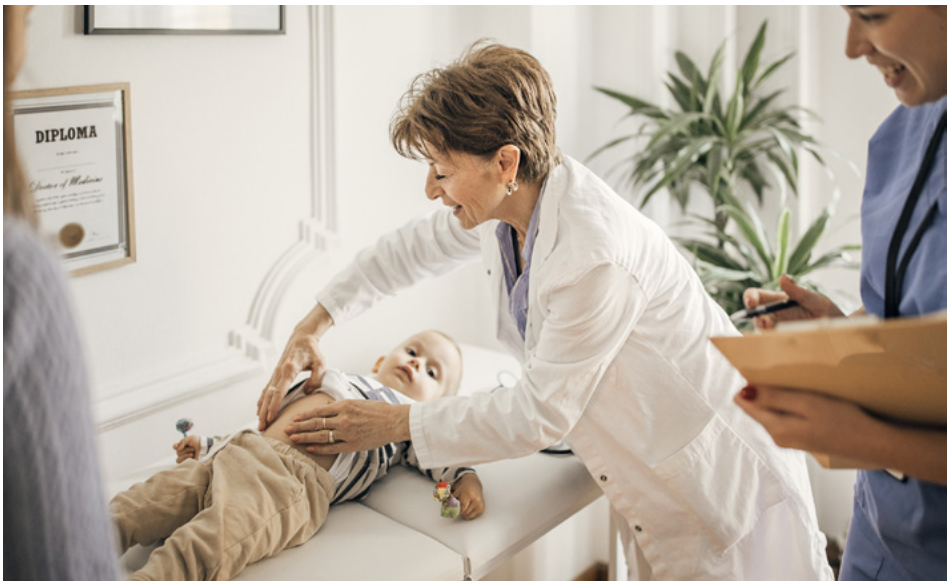
How will you reshape the future of healthcare?

Story #5: Children's hospitals are evolving to meet rising acuity and falling volumes

Overview: The pediatric care landscape is undergoing a quiet revolution. Although the U.S. birth rate continues its decline, the children who do require care are sicker, more complex and more likely to present with comorbid behavioral and physical health needs. This shift is driven by numerous converging trends: lower vaccine adherence, expanded survivorship for chronic and rare diseases, and growing behavioral health burdens. At the same time, community hospitals are increasingly shuttering pediatric units, redirecting volume and complexity to children's hospitals. These facilities also are taking on more responsibility for behavioral health, gene and cell therapy delivery, and complex specialty services.

Children's hospitals are investing in ambulatory access, virtual behavioral health and community partnerships—all while contending with policy uncertainty, Medicaid financing threats and dire pediatric subspecialty shortages. Strategic, data-driven evolution is no longer optional.

What it means for you: Don't mistake volume decline for strategic irrelevance. Pediatric care is consolidating into a smaller number of high-acuity, high-intensity centers, and forward-thinking systems will lead by modernizing their infrastructure, workforce and regional partnerships. Systems that shift toward distributed, patient-centered and tech-enabled pediatric models will be best equipped to manage the complexities of today's smaller but sicker pediatric population.



> **"Even with birth rate decline, children's hospitals are treating a smaller, sicker population. That means rethinking everything—from care sites and workforce models to financial structures and community outreach."**

Rhae Gamber
Associate Principal, Intelligence

Key stats:

3%

By 2035, inpatient pediatric discharges at children's hospitals are projected to grow 2%, while non-children's hospital discharges are expected to decline 9%. This will lead to an overall market contraction of 3%.

21%

Behavioral health is the top driver of outpatient growth, forecasted to increase 21% over the decade.

8%

High-severity pediatric ED visits will grow 8%, as rising acuity and behavioral comorbidities reshape emergency care demand.

© 2025 Vizient, Inc. All rights reserved.

4 moves to get ahead of the curve

1. Redesign your footprint around high acuity and ambulatory access

The traditional centralized model is no longer sufficient. High-intensity inpatient services must be concentrated in tertiary/quaternary centers, while lower-acuity care expands into the community.

Action: Build a regional network.

- Establish a flagship center of excellence for tertiary services.
- Expand ambulatory access with strategically placed behavioral health clinics, and leverage school partnerships.
- Collaborate with community hospitals to triage low-acuity care closer to home, freeing capacity for complex cases.

2. Address the pediatric mental health crisis at every care level

Children's hospitals are the new epicenter of youth behavioral healthcare. Inpatient psych units and med-psych beds are expanding rapidly, while outpatient programs offer early intervention and longitudinal support.

Action: Diversify behavioral health offerings.

- Invest in intensive outpatient (IOP) and partial hospitalization (PHP) programs to intercept crisis care.
- Integrate behavioral health into primary and specialty clinics to support continuity and reduce ED reliance.
- Design flexible ED spaces that accommodate behavioral health presentations with safety and dignity.

Tactics for implementation

	Traditional model	Future-focused model
ED design	General-purpose ED rooms	Flexible ED rooms that can be converted for behavioral health needs
Behavioral health access	IP-focused with long wait times	PHP, IOP and school partnerships as front doors to care
Crisis response	ED as default entry point	Crisis walk-ins, mobile response teams and virtual triage
Outpatient integration	Behavioral health siloed from primary care	Embedded behavioral health in peds, specialty and urgent care clinics

© 2025 Vizient, Inc. All rights reserved.

3. Operationalize innovation—from AI to emerging therapeutics

Gene and cell therapies, monoclonal antibodies and GLP-1s are reshaping care paths—often shifting utilization trends, workforce needs and financial strain.

Action: Build infrastructure to scale innovation.

- Form cross-functional delivery teams to handle therapies like blinatumomab and sickle cell gene treatments.
- Use AI tools to reduce documentation burdens and support care navigation.
- Develop financial models for high-cost therapy reimbursement.

Tactics for implementation		
	Traditional model	**Future-focused model**
Therapeutic delivery	Ad-hoc care paths for complex treatments	Cross-functional teams managing gene/cell therapy pipelines
Technology adoption	AI piloted departmentally	Enterprise-level AI strategy aligned with care and administrative needs

4. Fortify the pediatric workforce through creative staffing and training

Children's hospitals face a critical shortage of subspecialists. Trainees may avoid pediatrics due to perverse incentives such as lower pay and longer training.

Action: Rethink staffing around flexibility and growth.

- Upskill APPs and generalists to manage stable chronic patients and free up subspecialists.
- Develop telehealth collaborative models to extend expertise into rural and underserved areas.
- Advocate for reforms in pediatric graduate medical education funding and training pipelines to attract the next generation of providers.

Tactics for implementation		
	Traditional model	**Future-focused model**
Workforce composition	Subspecialist-dependent	Generalists + APPs trained for expanded roles and continuity care
Role design	Fixed specialty roles tied to location	Hybrid roles: inpatient + virtual, outreach + training
Retention and burnout	Reactive to shortages and turnover	Proactive investment in wellness, workload balance and purpose-aligned missions

© 2025 Vizient, Inc. All rights reserved.

Service line trends to watch

1: Behaviorial health

Explosive outpatient growth

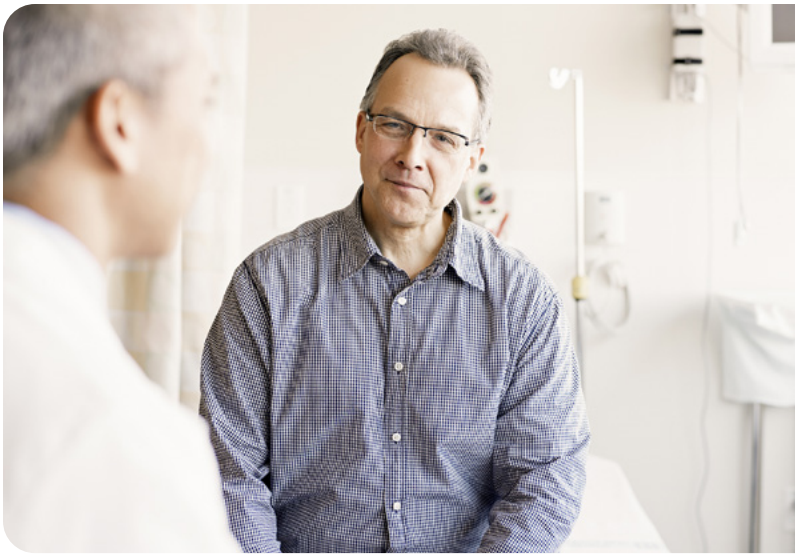
- Outpatient behavioral health demand is expected to grow 24% over 10 years, driven by increases in psychotherapy, partial hospitalization programs, intensive outpatient programs and digital models.

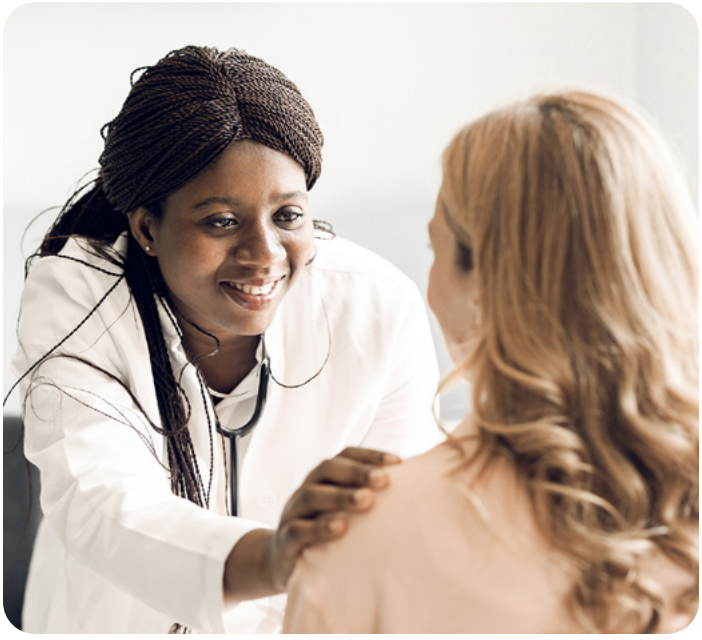
Service mix shift toward intermediate and complex care

- The largest growth areas are intermediate care (e.g. IOP, PHP) at 36% and complex services (e.g. serious mental illness care, residential) at 21% over the next 10 years.

Workforce crisis and new delivery models

- Severe shortages predicted by 2037: −113,930 addiction counselors, −87,840 mental health counselors and −79,160 psychologists.
- Strategic response includes tech-enabled care, team-based models and upskilling to meet demand.





2: Cardiovascular health

The aging population driving a volume surge

- 65+ patients will account for 72% of cardiovascular inpatient discharges by 2035.
- Valve procedures are projected to increase by 106%, ED visits up 26% and E&M visits up 34% for this age group.

Capacity crunch and infrastructure strain

- Cardiovascular inpatient discharges forecasted to grow 10% over five years, with high-acuity cases like congested heart failure, valve surgery and percutaneous coronary intervention driving demand.
- Sites of care like cath labs, ASC partnerships and virtual teams are key expansion targets.

GLP-1s and cardio-renal-metabolic integration

- Clinical studies suggest GLP-1 and SGLT2 inhibitors are linked to a 22% reduction in heart failure hospitalizations, prompting integrated care models across cardiology, nephrology and endocrinology.

© 2025 Vizient, Inc. All rights reserved.

3: Neuroscience health

Procedural growth driven by innovation

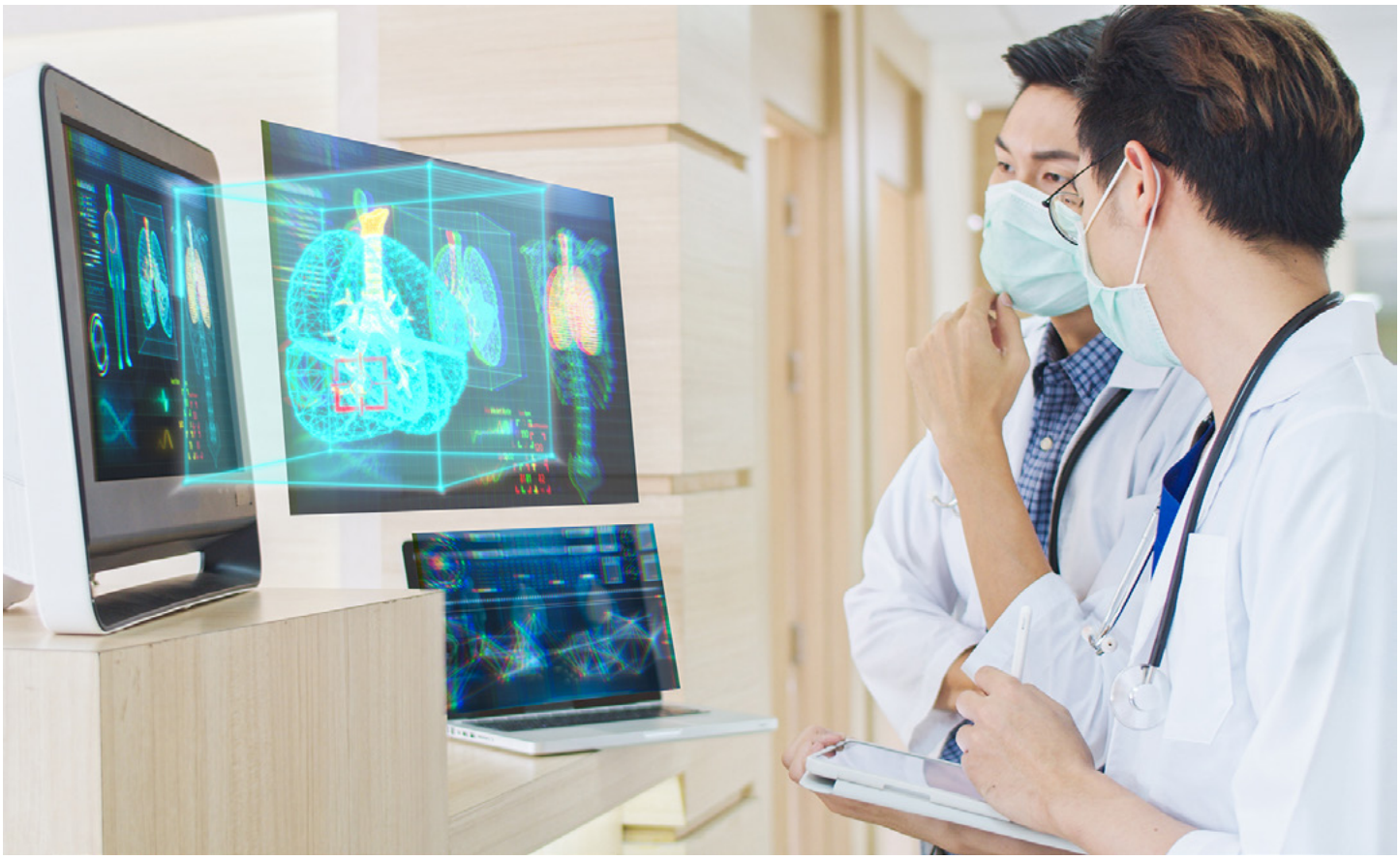
- Neurosciences and spine procedures are growing rapidly due to technology-enabled shifts toward less invasive, more personalized care.
- Key procedures with double-digit 10-year growth forecasts include:
  - Outpatient neurostimulators (25%)
  - Percutaneous ablation/embolization (54%)
  - Endovascular cerebral procedures (26%)
  - Cerebral thrombectomy (70%)

Rising volume and complexity

- Stroke discharges are projected to grow 16% over 10 years, while hospital days will grow 19%, reflecting longer length of stay and higher acuity.
- No procedural intervention is received by 44% of stroke patients, highlighting that post-acute rehab, navigation and chronic management are just as important as thrombectomy access.

Continued OP migration for spinal care

- Outpatient share of spine procedures continues to rise, with cervical fusion OP volume up from 61% to 66% and motion preservation procedures expected to grow 26% by 2035.
- Programs are being challenged to reevaluate foundational models, including triage processes, care team structures and policy impacts (e.g., CMS transforming episode accountability model (TEAM)-bundled payment model).



© 2025 Vizient, Inc. All rights reserved.

4: Orthopedics

An outpatient shift and ASC growth

- By 2035, 79% of elective total joint replacements are projected to occur in outpatient settings.
- Knee replacements in ASCs are growing quickly. In 2024, 20% of all elective knee replacements covered by commercial insurance were performed in ASCs.

Robotics and innovation

- As of 2024, 28% of primary knee replacement procedures in the U.S. leveraged robotic assistance.
- Ankle replacements are expected to grow 86% over 10 years, driven by improved implant materials and techniques.

TEAM payment model readiness

- Lower extremity joint procedures are part of the CMS TEAM-bundled payment program starting in 2026, requiring 30-day episode care planning and primary care transitions.

5: Women's health

Rising complexity despite declining birth rates

- While birth volume is expected to remain flat or decline, high-risk pregnancies will rise from 37% in 2025 to 44% by 2035, increasing acuity and resource needs.

Gynecology demand driven by midlife and menopause

- Menopause and pelvic floor disorders are driving gynecology E&M visit growth (+2% over 10 years) even as in-person E&M visit volumes fall (-6% over 10 years).•
- Virtual E&M visits projected to account for 13% of all gynecology E&M visits by 2035.

Femtech and care personalization

- Growth of female technology reflects rising demand for life-stage-specific, personalized women's care, including hormonal support and chronic disease management.

© 2025 Vizient, Inc. All rights reserved.

433 W Van Buren St, Suite 805
Chicago, IL 60607
(847) 779-5300

vizientinc.com | Sg2.com

To learn more, contact
membercenter@vizientinc.com.

© 2025 Vizient, Inc. All rights reserved.