

2026 Impact of Change[®] forecast



2026 Impact of Change[®] Forecast

Ambulatory care is the new center of gravity for health systems.

1

Inpatient growth slows, while patient acuity rises and payer mix deteriorates.

- While organizations experienced robust demand recovery over the past several years, more recent utilization trends suggest that growth trajectories are normalizing.
- Recent trends reflected in the Vizient[®] Clinical Data Base reinforce this shift. Adult inpatient discharges grew 5% between calendar years 2023 and 2024 but slowed to 3% between 2024 and 2025.*
- Overall utilization is moderating, yet growth in discharges for the insured population is being outpaced by those without traditional health insurance.

2

Ambulatory demand is robust but fragmented.

- As insurance coverage contracts, more patients are expected to delay preventive care and rely on emergency departments, helping drive a projected 6% increase in adult ED visits over the next decade.
- Home health care is projected to grow 27% over the next five years as more care shifts out of hospitals, increasing the need for stronger care coordination and partnerships to manage patients across multiple settings.
- Fragmentation of the patient-provider relationship accelerates as more disrupters enter the upstream wellness market.
- Artificial intelligence is poised to reshape healthcare delivery by improving access, triage, and patient flow, creating risks for organizations that continue planning based on traditional assumptions.

*Source: Data from Vizient[®] Clinical Data Base used by permission of Vizient, Inc. All rights reserved. Accessed May 2026. <https://www.vizientinc.com>; Strategy Intelligence analysis, 2026.

2026 Impact of Change® forecast

Key projections

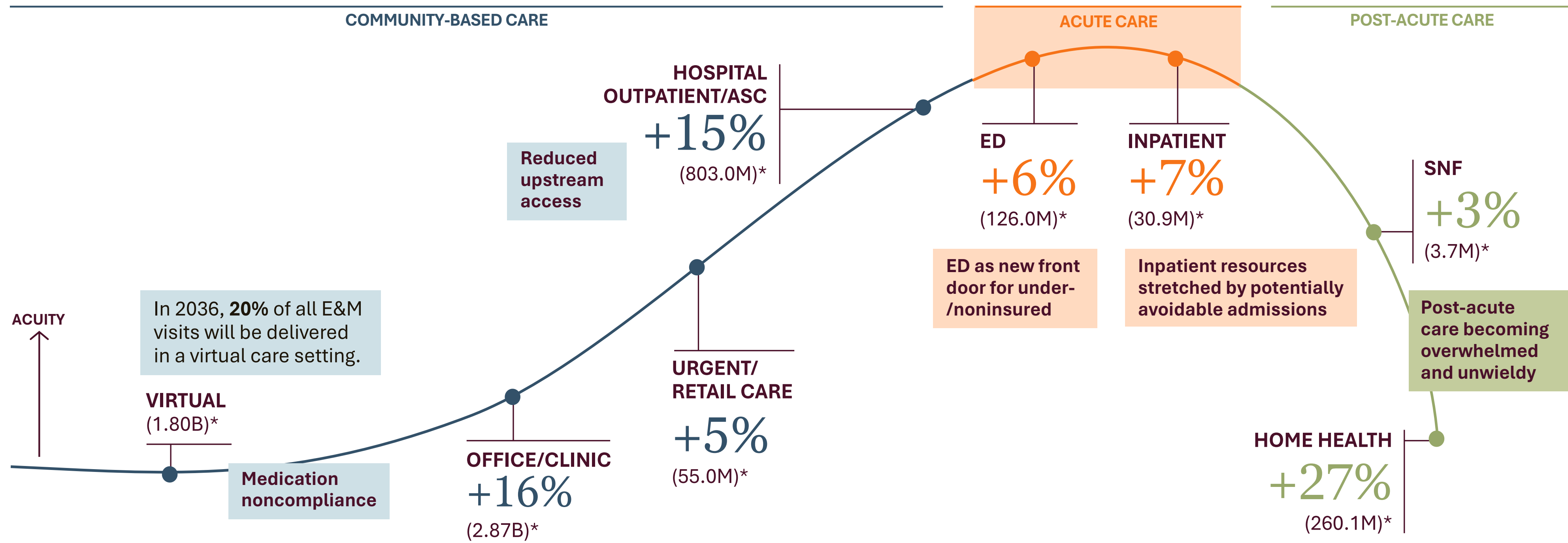
The 2026 Impact of Change forecast provides 10-year projections for anticipated shifts in demand across the nation, including limited access to care which is driving avoidable utilization across the system.

- 1 Inpatient (IP) care patient discharges to grow 7%
- 2 Outpatient (OP) care patient volumes projected to grow 20%
- 3 Pediatric OP volume growth forecasted at 6%
- 4 Cancer OP volumes are expected to grow 20%, while IP volumes are expected to grow 2%
- 5 ED will grow 6% overall, but growth is driven by high-acuity ED visits
- 6 Post-acute care to grow 31%

Note: All data refer to adult patients except where indicated. Sources: Impact of Change®, 2026; HCUP National Inpatient Sample (NIS), Healthcare Cost and Utilization Project (HCUP) 2022. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2026; Strategy Intelligence analysis, 2026.

Impact of Change[®], 2026-2036

See next page for further context.



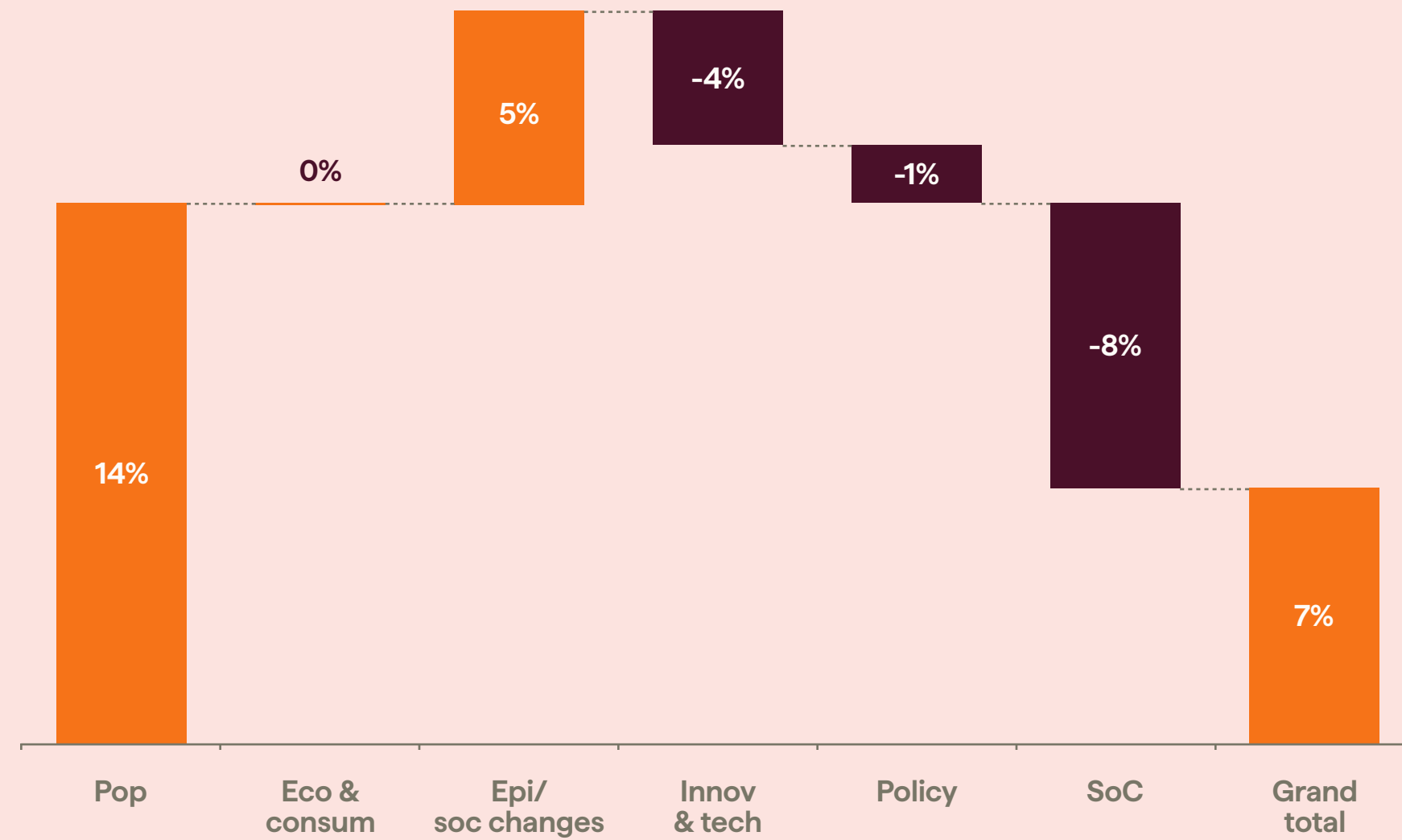
*Numbers in parentheses indicate volumes. Note: Analysis includes U.S. market only and excludes 0-17 age group. ED forecast defined as urgent and emergent visits. Evaluation and management (E&M) visits defined as visits—evaluation and management, established patient visits—in person, established patient visits—virtual, new patient visits—in person, and new patient visits—virtual. Home health defined as procedures—home nurse visits and home visits—other. ASC = ambulatory surgery center; SNF = skilled nursing facility. Sources: Impact of Change[®], 2026; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2022. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Strategy Intelligence All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts[®], 2026; Strategy Intelligence analysis, 2026.

Organizations need better decision support to remain successful in this environment due to the following pain points

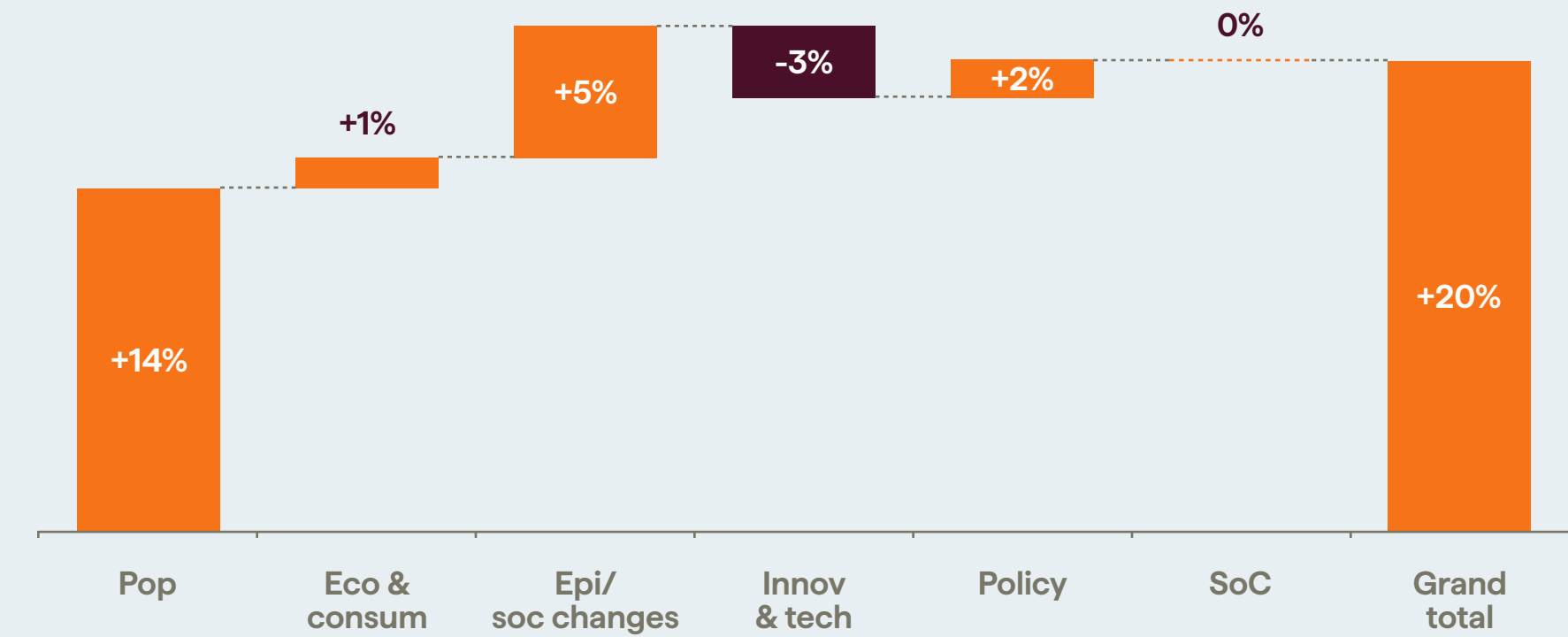
- 1 **Medication noncompliance** will increase as payer disruption continues and patient costs increase, driving worsening health outcomes and increased demand for healthcare services.
- 2 **Reduced upstream access** in the community setting results in delayed care, shifting patients to higher cost, higher acuity care centers.
- 3 **Emergency departments** continue to be overused for under-/noninsured patients, increasing costs and congestion.
- 4 **Inpatient resources are strained** as patient acuity drives increased admissions, length of stay (LOS), and higher readmission risk.
- 5 **Post-acute care bottlenecks** cause discharge delays, increasing costs and complications.

Healthcare demand is being shaped by more than demographics

Adult inpatient forecast impact factors
U.S. market, 2026-2036



Adult outpatient forecast impact factors
U.S. market, 2026-2036



Note: Analysis excludes 0-17 age group. 0% indicates the forecast is flat (less than ±1%). Eco & consum = Economy and consumerism; Epi/soc changes = Epidemiology/sociocultural changes; Innov & tech = Innovation and technology; Pop = Population; SoC = Systems of CARE. Sources: Impact of Change®, 2026; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2022. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2026; Strategy Intelligence analysis, 2026.

Impact factors quantify the drivers of healthcare demand

- 1 Strong growth in the 65+ population drives broad demand across the healthcare landscape.
- 2 Payer pressure to shift care to lower cost settings drive increased demand.
- 3 Increasing rates of chronic conditions like obesity, diabetes, heart disease, and behavioral health conditions drive demand.
- 4 Increased price sensitivity among patients creates competition for lower acuity ambulatory care among traditional health systems and disrupters.
- 5 New clinical innovations and applications shift when, where, and how patients receive care (e.g., GLP-1 therapy expanded indications reduce inpatient demand long term).
- 6 Care redesign shifts demand across the System of CARE (clinical alignment and systems of effectiveness).

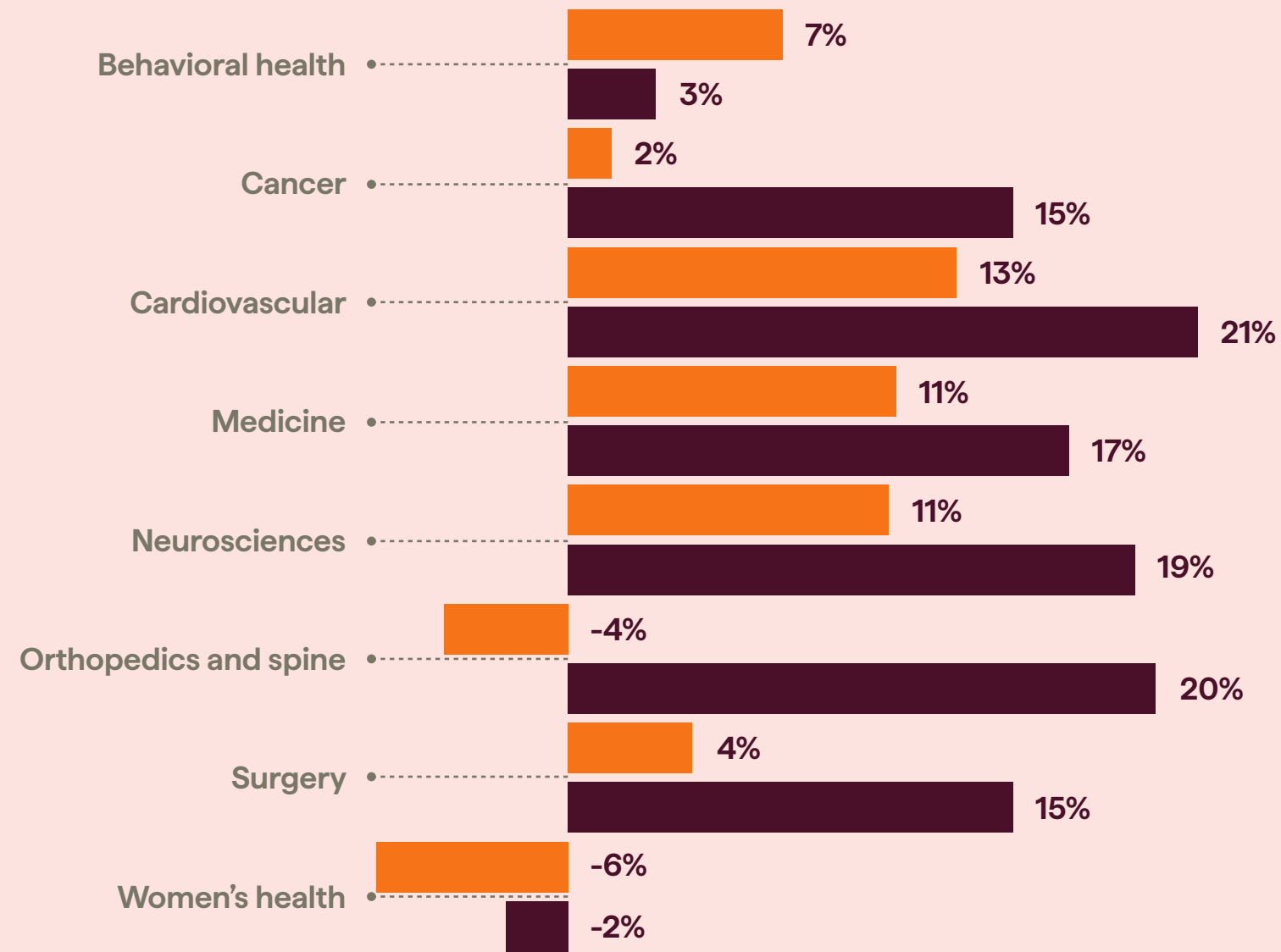


Forecast by service line

Inpatient service line demand is driven by higher acuity surgery and medical admissions; outpatient service line growth outpaces population-based demand

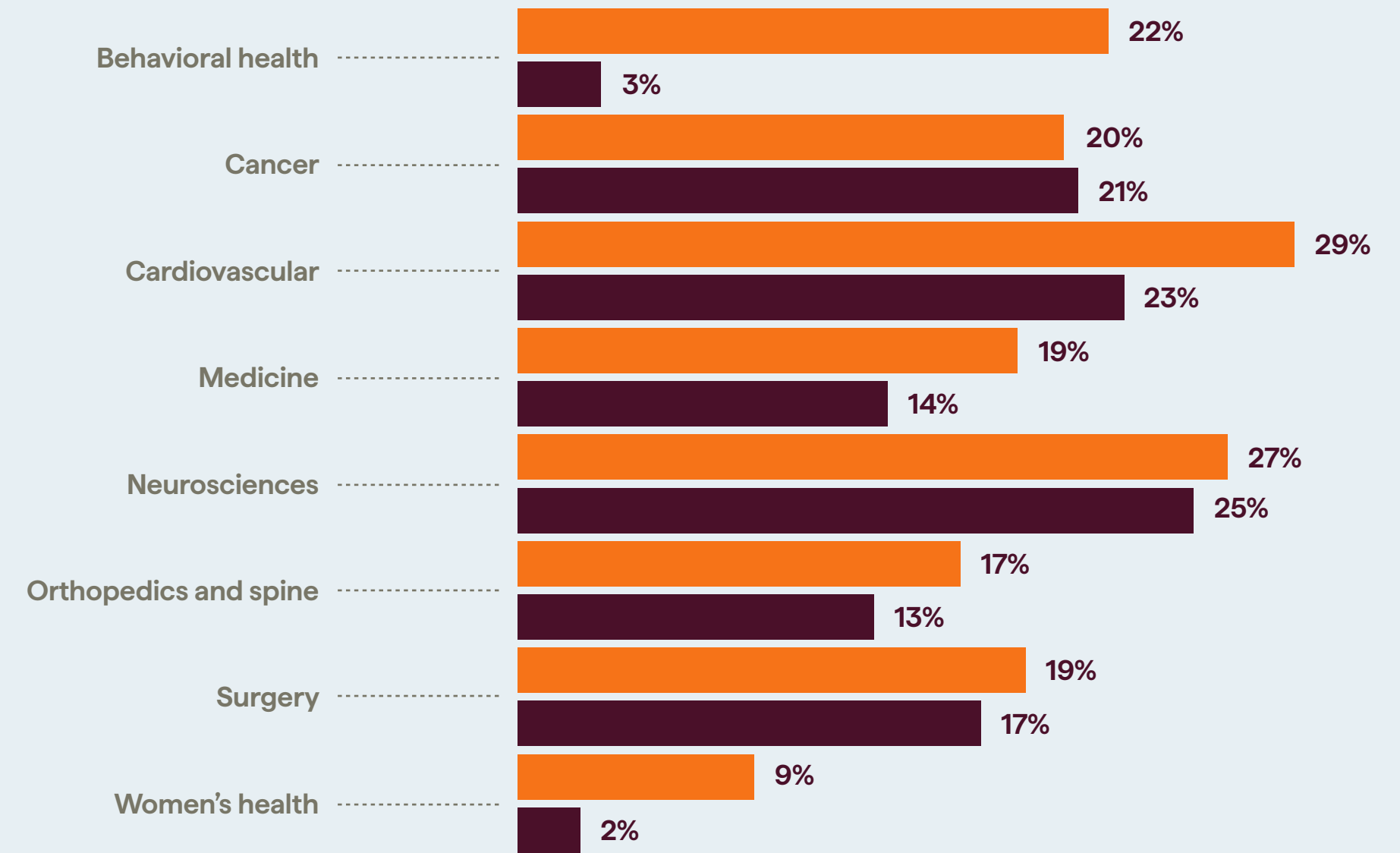
Inpatient service line growth U.S. market, 2026-2036

● Vizient IP forecast ● Population-based forecast



Outpatient service line growth U.S. market, 2026-2036

● Vizient OP forecast ● Population-based forecast



Note: Analysis excludes 0-17 age group. Behavioral health includes behavioral health service line and Poisonings—Commonly Abused Drugs CARE Family. Cardiovascular includes cardiology and vascular. Medicine includes allergy and immunology, dermatology, endocrinology, gastroenterology, genetics, general medicine, hematology, hepatology, infectious diseases, nephrology, pulmonology, and rheumatology. Surgery includes burns and wounds, otolaryngology, general surgery, ophthalmology, and urology. Sources: Impact of Change®, 2026; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2022. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2026; Strategy Intelligence analysis, 2026.

Service line highlights

1

Women’s health:

Birth rate decline continues alongside cultural shifts and immigration restriction; aging population drives increased demand for pelvic health and menopause services.

2

Surgery:

The outpatient shift is largely complete and remaining inpatient care is more complex. Outpatient growth is driven by aging and disease prevalence, with GLP-1s and medical management creating limited downward pressure.

3

Behavioral health:

Behavioral health demand is expected to outpace population growth across the care continuum, driven by rising prevalence and acuity, while increasing adoption of community-based, intermediate, and virtual services shifts care toward ambulatory settings.

4

Cardiovascular:

An aging population, rising chronic disease and access constraints contribute to growth. Growth will vary by program and site of care, with clinical nuances, workforce limits and technology adoption shaping the forecast.

5

Neurosciences:

Increased growth is driven by rising complexity, aging demand, innovation and rehab/post-acute needs. Capacity, workforce, payment, and site-of-care pressures will shape where that growth lands.

6

Orthopedics:

Orthopedics is being reshaped by policy pressure, workforce constraints and lower-resource pathways. Growth favors ambulatory, office-based, rehab, and nonsurgical access points, while surgery remains anchored in joint, fracture and revision cases.

7

Medicine:

Rising rates of chronic disease are driving demand for medicine services, prompting health systems to expand chronic care management, primary care, and virtual care while adapting to new therapies that require more coordinated, multidisciplinary oversight.

8

Cancer:

Inpatient cancer care is expected to remain focused on the most complex, high acuity patients, while demand for outpatient services such as diagnostics, treatment, and follow-up care continues to grow as the population ages and cancer rates rise.

Source: Strategy Intelligence analysis, 2026.

Emergency department



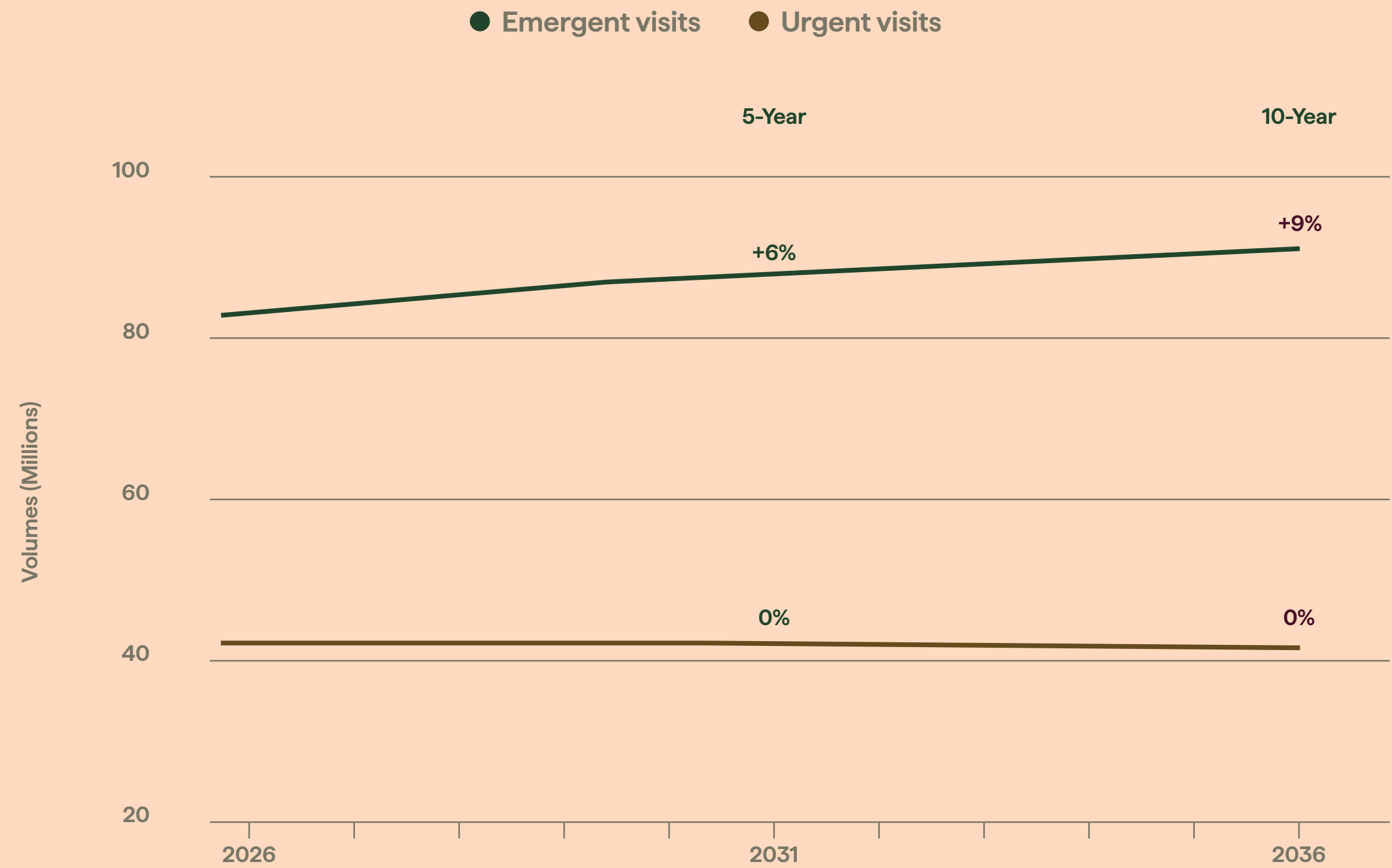
ED growth is driven by high-acuity demand while low acuity visits shift to alternative care sites

ED volumes to grow

6%

by 2036

Adult emergency department visits forecast
U.S. market, 2026-2036



Note: Emergent denotes high acuity and urgent is low acuity ED visits; Analysis excludes 0-17 age group. 0% indicates the forecast is flat (less than ±1%). ED forecast defined as urgent and emergent visits. Sources: Impact of Change®, 2026; Proprietary Sg2 All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2026; Strategy Intelligence analysis, 2026.



Virtual visits

Virtual visits are growing, but are adding to—not replacing—in person visit demand

Evaluation & management visits forecast
U.S. market, 2026-2036

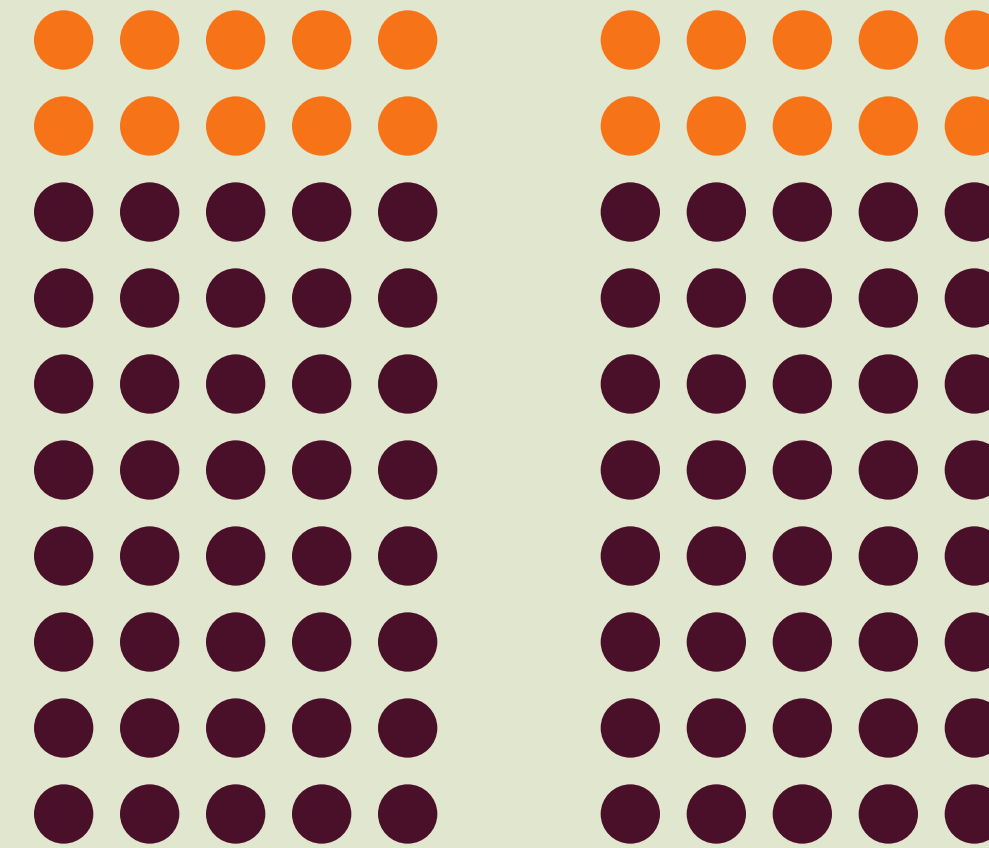
Total E&M visit growth

19%

by 2036



2036 E&M visits



20% of all visits will be virtual visits

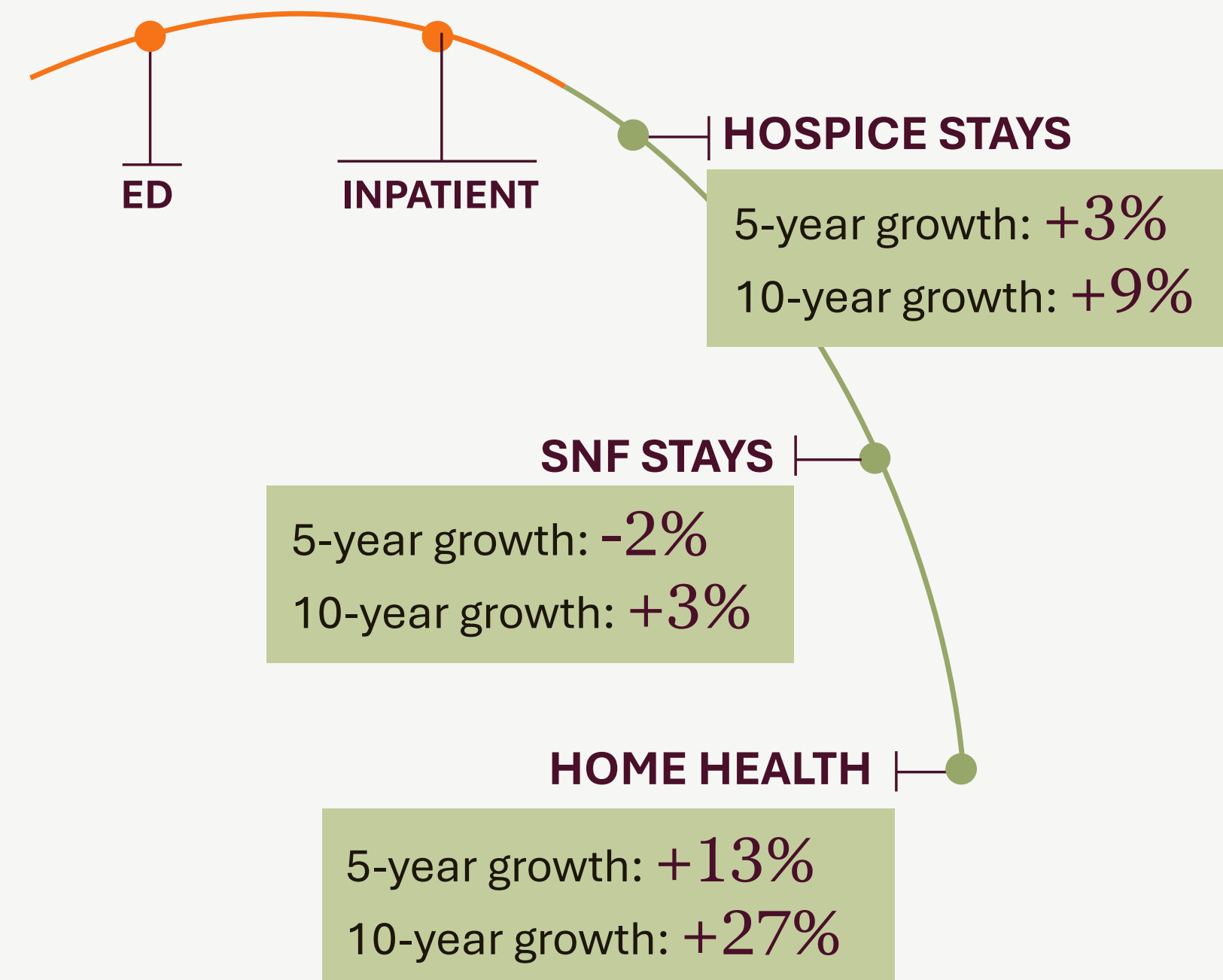
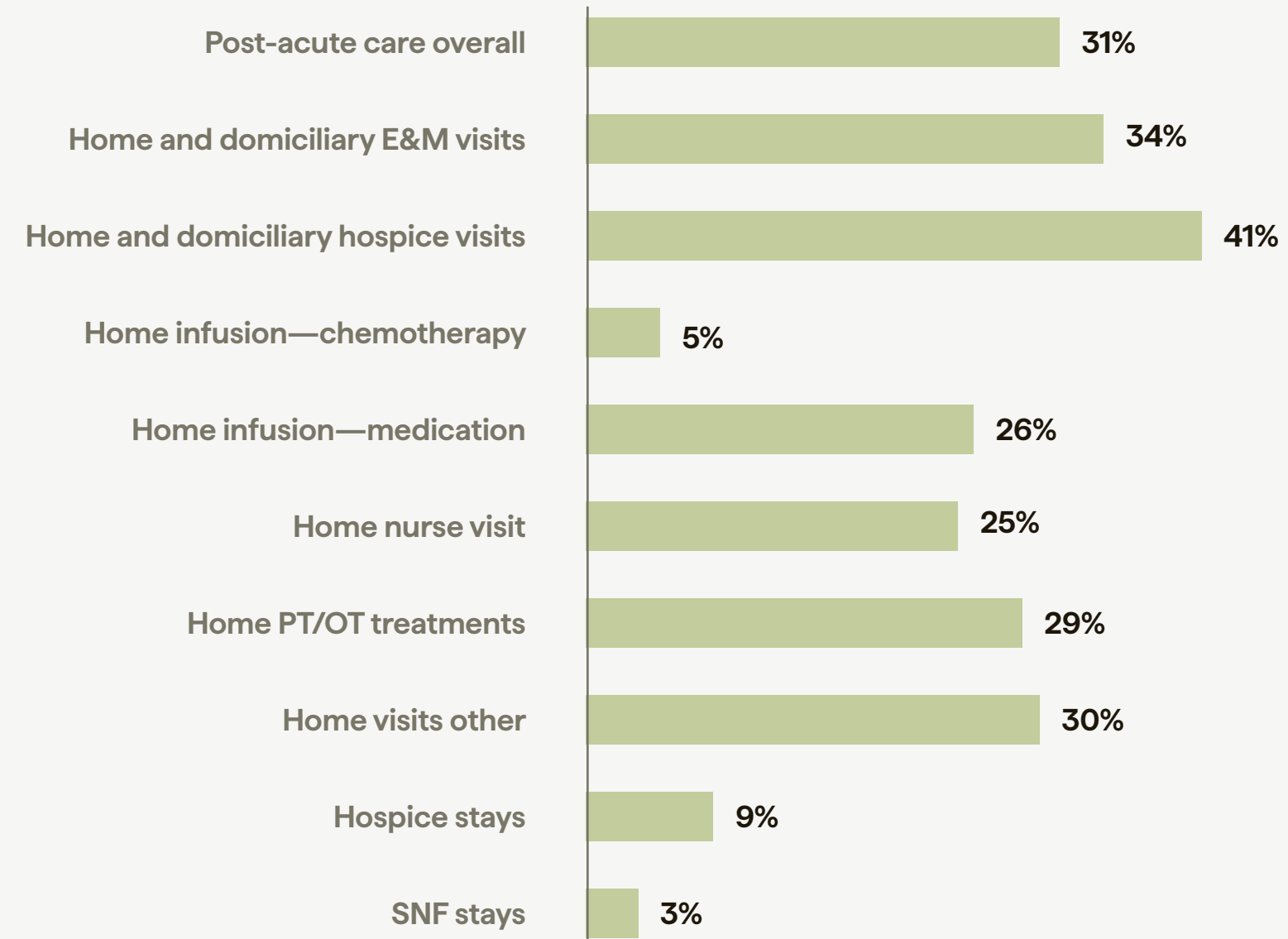
*Percentage of E&M visits occurring virtually. Note: Analysis excludes 0-17 age group. E&M visits defined as visits—evaluation and management, established patient visits—in person, established patient visits—virtual, new patient visits—in person, and new patient visits—virtual. Sources: Impact of Change®, 2026; Proprietary Sg2 All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2026; Strategy Intelligence analysis, 2026.

Post-acute care



Post-acute growth is fueled by the aging population, innovation, and adoption of emerging care models

Post-acute care 10-year forecast
Impact of Change, 2026-2036

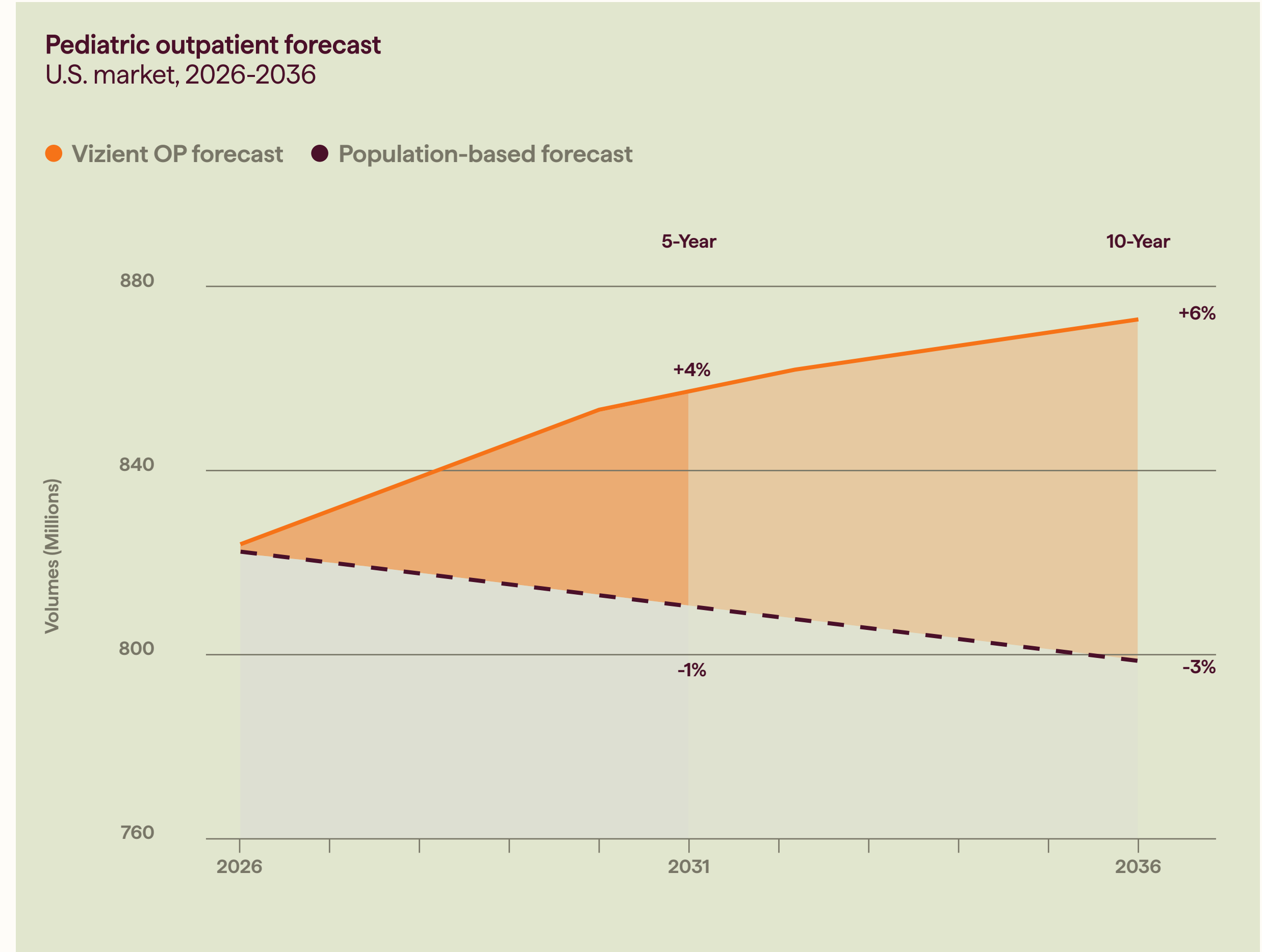
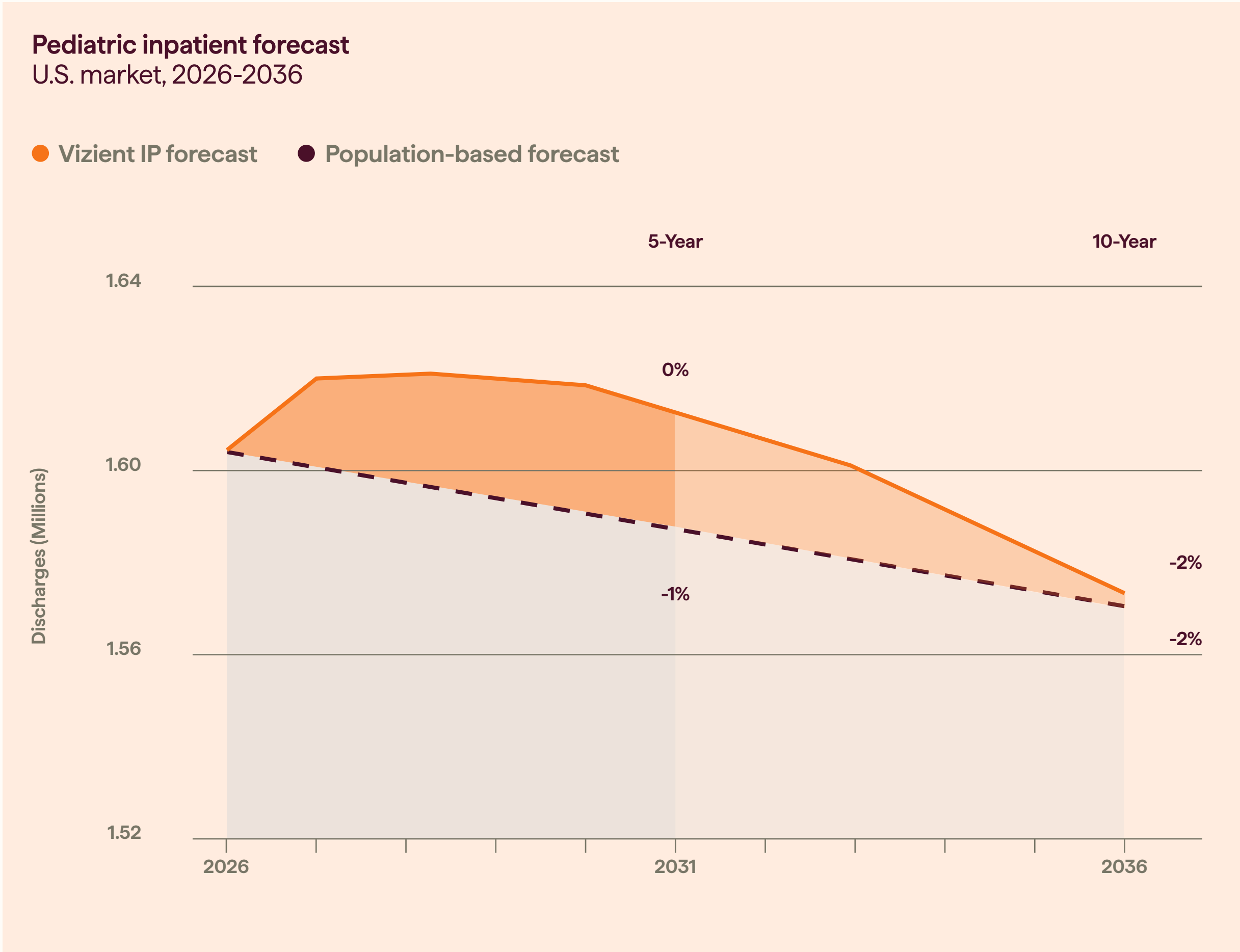


Note: Analysis includes U.S. market only and excludes 0-17 age group. Home health defined as procedures—home nurse visits and home visits—other. PT/OT = physical or occupational therapy. Sources: Impact of Change®, 2026; Proprietary Strategy Intelligence All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2026; Strategy Intelligence analysis, 2026.



Pediatrics

Birth rate decline further constrains pediatric growth

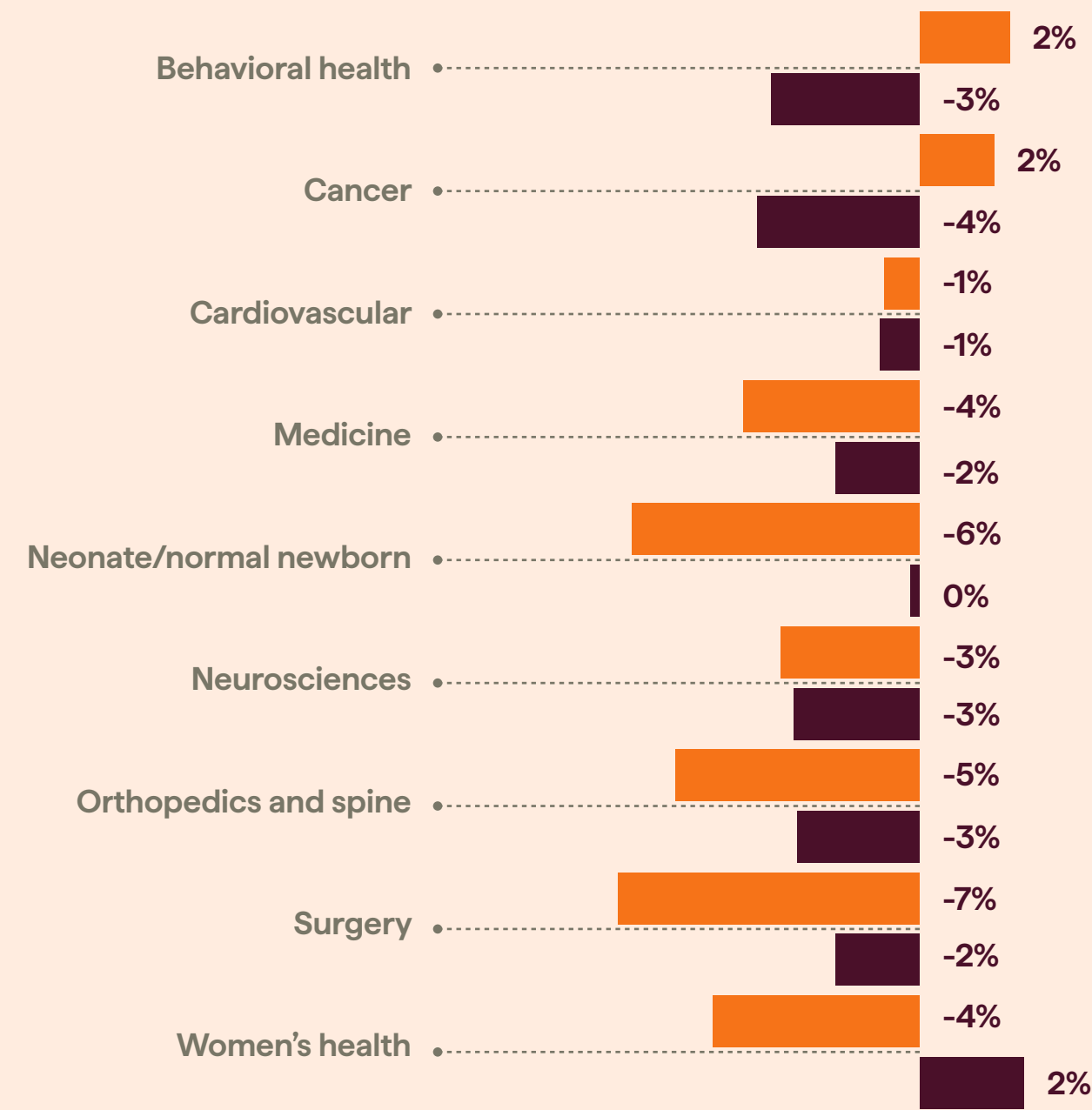


Note: Analysis excludes 0-17 age group. Behavioral health includes behavioral health service line and Poisonings—Commonly Abused Drugs CARE Family. Cardiovascular includes cardiology and vascular. Medicine includes allergy and immunology, dermatology, endocrinology, gastroenterology, genetics, general medicine, hematology, hepatology, infectious diseases, nephrology, pulmonology, and rheumatology. Surgery includes burns and wounds, otolaryngology, general surgery, ophthalmology, and urology. Sources: Impact of Change®, 2026; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2022. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2026; Strategy Intelligence analysis, 2026.

Declining birth rates and increasing bed closures dampen inpatient demand; Care redesign and new clinical innovations support outpatient demand

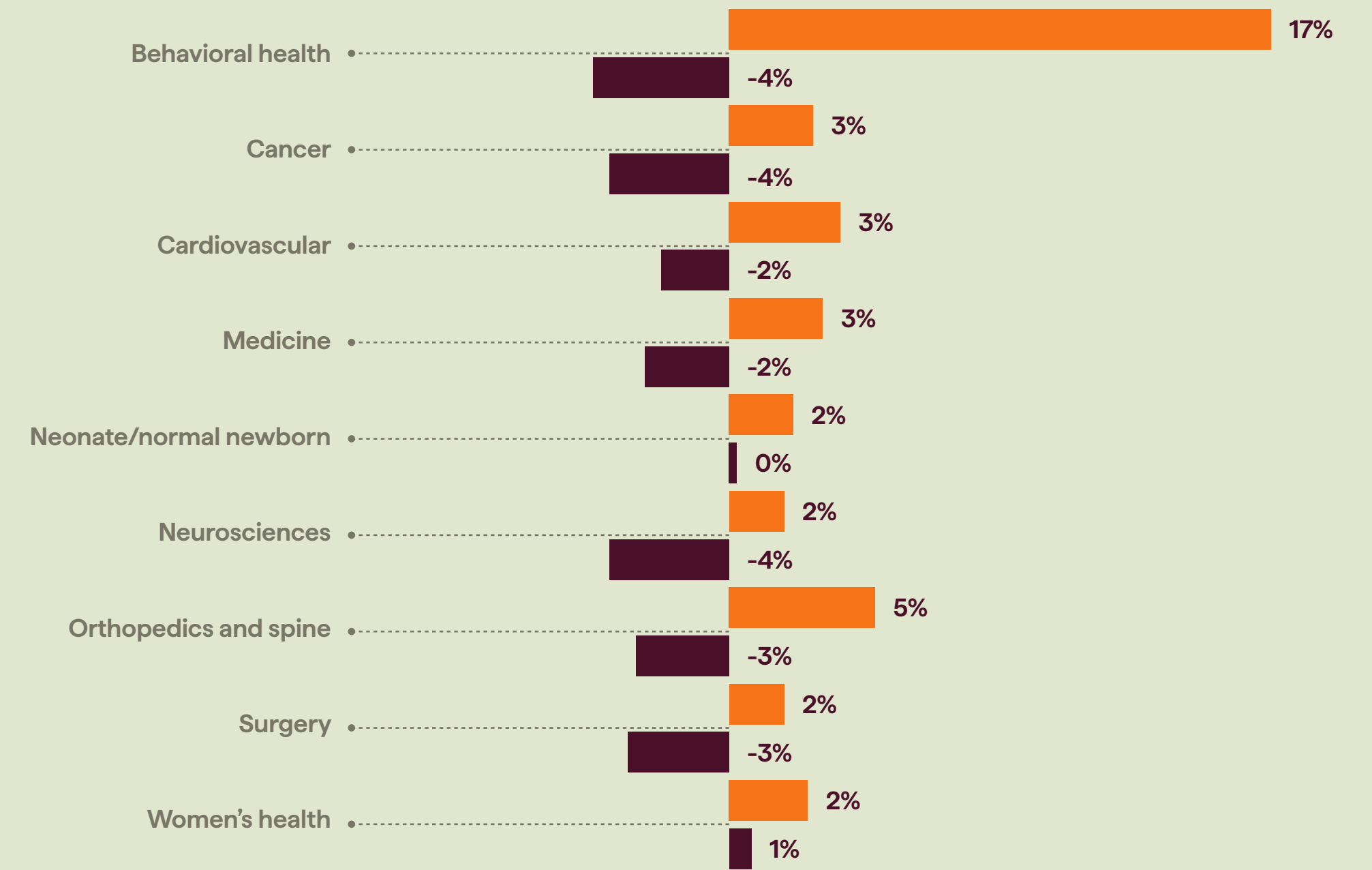
Pediatric inpatient service line growth
U.S. market, 2026-2036

● Vizient IP forecast ● Population-based forecast



Pediatric outpatient service line growth
U.S. market, 2026-2036

● Vizient OP forecast ● Population-based forecast



Note: Analysis excludes 0-17 age group. Home health defined as procedures—home nurse visits and home visits—other. Sources: Impact of Change®, 2026; Proprietary Sg2 All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2026; Strategy Intelligence analysis, 2026.

Appendix



Methodology

the power of disease-based forecasting

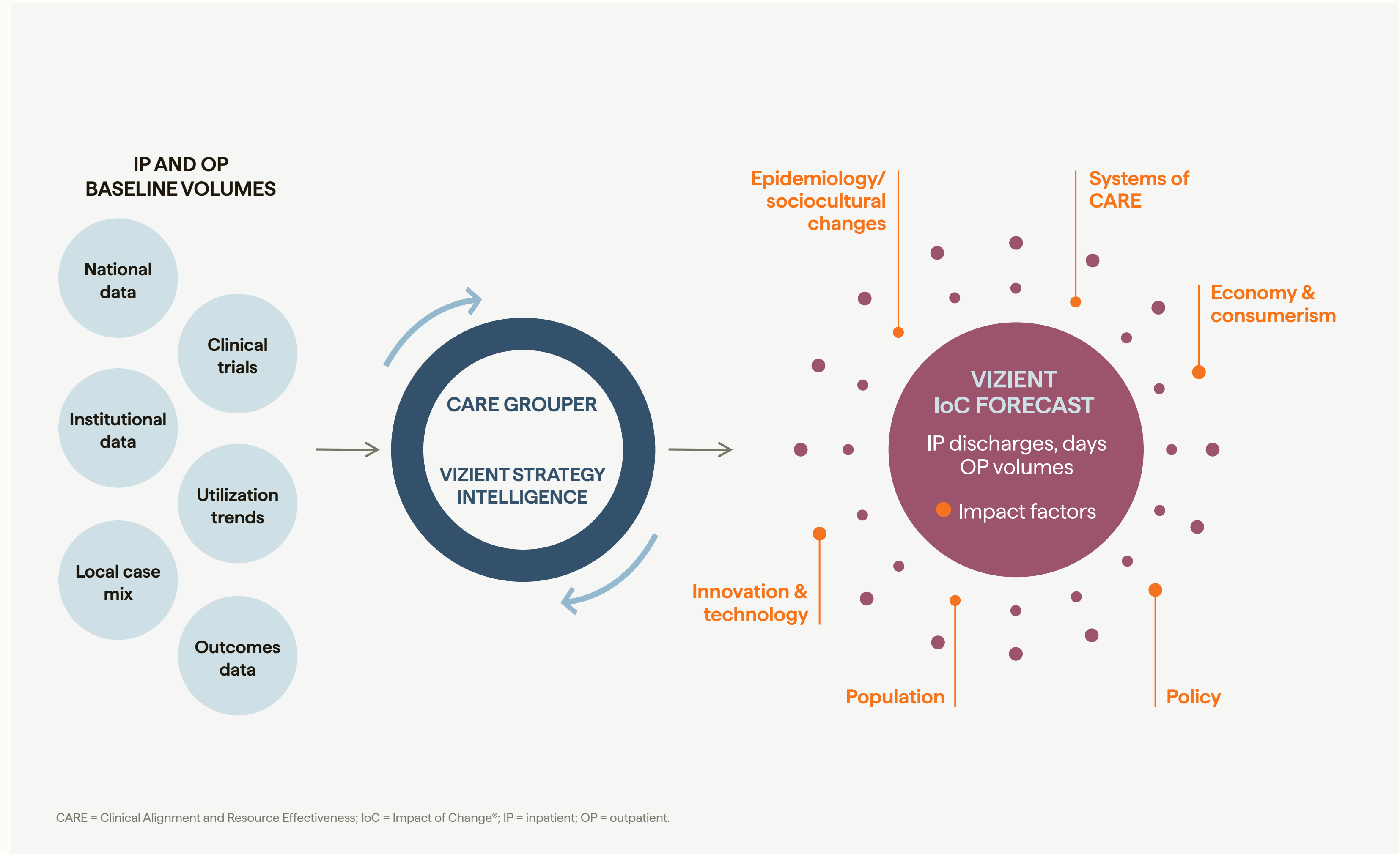
The Impact of Change® model forecasts demand for healthcare services over the next decade, examining the cumulative effects and interdependencies of key impact factors driving change in utilization. Using both disease-based and MS-DRG-based analyses, the forecast provides a comprehensive picture of how patients will access inpatient and outpatient services along the continuum of care.

Sources: Impact of Change®, 2026; HCUP National Inpatient Sample (NIS), Healthcare Cost and Utilization Project (HCUP) 2022, Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2023; The following 2023 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2026; Strategy Intelligence analysis, 2026.



Vizient Strategy Intelligence's Impact of Change® Forecast Methodology

Vizient® starts with a broad set of healthcare data and market intelligence. We then apply proprietary forecasting methodologies that evaluate the key forces shaping healthcare demand. The result is a forecast that reflects how care is anticipated to evolve.



Categorize your data across 27,000+ unique CARE group combinations, including...

30

Service lines
(Across the System of CARE)

253

CARE families
(disease conditions)

82

Inpatient
procedures

230

Outpatient
procedures



Vizient is the healthcare industry's trusted partner for accelerating growth and improving financial results. Our analytics and expertise help healthcare leaders achieve sustainable growth and maintain market relevance by optimizing System of CARE, payer, and consumer strategies.

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Vizient, Inc. provides solutions and services that improve the delivery of high-value care by improving financial sustainability, system performance, and accelerating strategic growth for more than two-thirds of the nation's healthcare providers. Vizient provides expertise, analytics, consulting services, and a contract portfolio representing \$156 billion in annual client purchasing volume to improve patient outcomes and lower costs. www.vizient.com

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