PREDICTIONS REPORT

Predictions 2026: Healthcare

Healthcare Organizations Face AI Tensions Amid Workforce And Consumer Strain

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Summary

In 2026, healthcare organizations (HCOs) will see rising AI governance risks, increasing consumer disengagement from traditional insurance, and deepening access inequities due to the broader strain on healthcare infrastructure. Failure to appropriately manage AI risk will force a major healthcare company to cut ties with an affiliate. In addition, megabrands will expand vertically to control costs, and a leading health system will boost patient engagement with AI through medical record summarization. The industry is at an inflection point as HCOs rethink oversight, affordability, and care delivery models. In this report, we dive into Forrester's predictions for healthcare in 2026.

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Discontent And Disruption: The Year That Redefines Healthcare

In 2026, healthcare organizations will face an increasingly volatile landscape. They will need to differentiate themselves among financially constrained consumers impatient with the current system and increasingly reliant on chatbots for medical advice. Maximizing capabilities through partnerships with health tech vendors challenges HCOs' security protocols, forcing them to reconsider those tie-ups. Nevertheless, vertical acquisitions will continue, despite the risks and consumers' disapproval. Forrester predicts that in 2026:

- **Two healthcare megabrands will bulk up on vertical integration and tech to rein in costs.** With reduced regulatory barriers and less antitrust scrutiny, two healthcare megabrands will acquire targets in primary care, specialty services like pharmacy, and startup technologies that support preventive care. Meanwhile, health insurance conglomerates will aim to bolster genAI and agentic experiences for the back office, unlocking cost efficiencies. In the face of significant trust challenges, any improvement in CX will come as a happy accident, rather than an intentional outcome, as these supersized HCOs use scale and tech to cut costs. This more concentrated market will bring even higher prices, expand medical deserts, and push a fragile industry beyond the brink. HCOs must rethink growth strategies to scale smartly, prioritizing access, transparency, and health outcomes — or risk worsening disparities and deepening the trust deficit.
- **AI will trigger a public breakup between an HCO and its subsidiary.** AI adoption is accelerating across the continuum. Through mergers and acquisitions, most major healthcare brands now operate with multiple subsidiaries — technically third parties, but often not treated as such. Only 44% of healthcare risk management decision-makers say their third-party risk management (TPRM) process is mature. Leaving blind spots in critical processes is a mistake, especially given healthcare's long-standing gaps in TPRM. We're already seeing consequences of oversight

failures in the media: Meta's Character.AI is being investigated for misleading youth on mental health; Bain Capital's Enhance Health targeted consumers with fraudulent ads. As AI permeates healthcare, driven by federal initiatives, we'll witness a public fallout involving one or more healthcare megabrands. This won't be a "conscious decoupling," but rather a reputational and financial collision. Unless HCOs improve how they manage affiliate and subsidiary relationships, they're on a dangerous trajectory. HCOs must beef up their TPRM processes to continuously monitor new AI risks and reassess their impact.

- **One large health system will deploy a patient-facing AI agent to analyze medical records.** Clinicians routinely use ambient scribes and electronic health record (EHR) summarization tools. More than half of large health systems are developing conversational agents to engage patients, and per Forrester's 2025 data, 65% of US online adults can easily access their EHR. Despite accelerating AI adoption, a third of healthcare practitioners still cite low medical and health literacy as a top challenge to patient engagement. Innovators like OpenAI can help consumers understand their health issues, preparing them for better conversations with their providers. As AI use cases expand, a major health system will boldly deploy agents to deliver personalized EHR analyses. With plain language search and summaries, this system will transform EHR data into actionable insights — empowering patients to take more informed roles in their care. To deliver exceptional, empathetic customer experiences, healthcare leaders can use the Forrester Intelligent Healthcare Organization Framework to drive patient-centered innovation, system resilience, and responsible use of AI.

- **The rural health workforce shortage will surge 10% as policy shifts impact care access.** Seventy-eight percent of online adults who live in rural areas prefer in-person care, and 75% age 50 and older wish to stay in their current homes as they age. Yet access to care is deteriorating as policy changes take shape. In 2023, approximately one-third of Americans lived in areas with health professional shortages. The shortage was acute for rural communities: 60% of Health Professional Shortage Areas (HPSAs) were rural or semirural. These areas already have a disproportionate number of immigrants in their healthcare workforce. They also face the challenges of aging demographics, higher rates of chronic illness, and widespread medical deserts. In 2026, 70% of HPSAs will be in rural or semirural communities. This will further strain healthcare access and threaten aging in place. HCOs must provide clinicians in rural areas with support tools and access to community health resources to sustain in-person care and aging in place amid worsening shortages and rising chronic care demands.

- **The rate of uninsured will double as trust and affordability collapse.** The number of consumers opting out of health insurance will accelerate sharply in 2026, driven by a perfect storm of affordability challenges, expiring premium tax credits, and eroding trust in insurers. Premiums are expected to rise by an average of 18%, with some plans increasing by 20% to 36%. When paired with the expiration of ACA subsidies, price increases will make insurance an undesirable and unachievable expense for more than 8 million consumers. Younger consumers are least satisfied with the value of insurance and are driving the move away from traditional coverage. More than half are concerned about affording health insurance, and 35% are willing to pay entirely out of pocket for faster care. Enrollment will drop due to price sensitivity, destabilizing risk pools and reversing years of coverage gains. Health insurers need to respond with more than premium adjustments. To remain relevant, they must deliver personalized, transparent, and meaningful experiences that cocreate value and restore trust among skeptical consumers.

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