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The future of telehealth: What's next for virtual care

Health systems have moved past fragmented, one-off telehealth pilots. The organizations furthest along are standardizing technology systemwide and rethinking staffing as a deliberate, strategic part of their workforce plan that includes telemedicine. The bigger question now is less about catching up and more about what's next: how far AI governance, cross-state licensure, and a handful of unresolved federal rules will reshape virtual care into 2027 and beyond.

Telehealth today: Three phases of technology

1. **The digital front door.** Patients' first touchpoint is virtual, mostly for primary care and urgent, low-acuity needs.
2. **Specialty-focused care.** Telehealth expands into tele-oncology and tele-cardiology, shifting from full-time to fractional coverage (a 0.25 FTE resource covering multiple sites).
3. **Integration and workflow orchestration.** Where most sophisticated health systems operate today: virtual and on-site resources woven into hybrid physician/APP teams, with every provider practicing at the top of their license.

Staffing virtual care: From single-partner solution to strategic workforce plan

Health systems are moving away from single-partner staffing toward a more flexible staffing model, with telehealth-specific contractors, float pools, and short-term physicians each playing a defined role:

Telehealth-specific contractors	Float pool	Short-term telehealth physicians
Flexible, specialty-specific and on-demand coverage, from fractional to full-time roles	Employed or contracted physicians, scheduled flexibly across sites; many systems start with their own staff	Scales coverage up or down as real utilization comes in, without a permanent commitment, with continuity of care when providers stay long term

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Scaling specialists across locations

With ongoing and persistent specialist shortages, health systems are increasingly using telehealth to scale in-demand specialists across multiple locations and care environments, rather than recruiting and retaining full coverage separately at each site. One specialist team can serve many sites, without requiring a specialist to physically relocate or split time between facilities.

The strategic benefits of virtual care

- **Healthcare workforce shortage.** Physicians retiring were often working around 1.5 FTE, while many entering practice today want 0.5 to 0.7 FTE. Telehealth helps close that gap, especially in high-shortage specialties and underserved areas.
- **Labor cost savings.** Coordinating employed, contracted, and short-term coverage together can meaningfully reduce staffing costs versus defaulting to the most expensive option whenever a gap opens.
- **Increased access to care.** Telehealth remains one of the most direct ways to reach populations that lack easy access to certain specialties. It also helps reduce long wait times and patient backlogs.
- **Reduced burnout.** When virtual care is staffed well, the benefit extends to both physicians and the entire care team. An understaffed telehealth service can add to burnout as easily as reduce it.

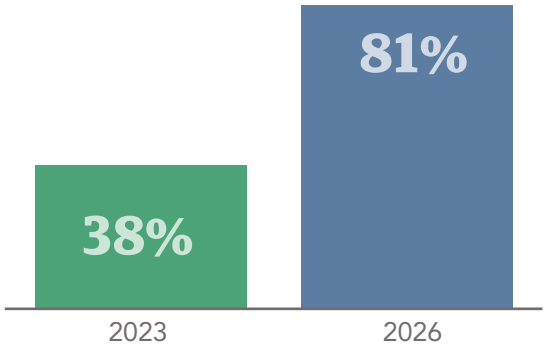
The regulatory landscape: What's ahead through 2027

Telehealth policy is moving from short-term waivers toward longer-term extensions, but key Medicare flexibilities still run only through December 31, 2027. A few questions also stay open heading into 2027 and beyond: a permanent DEA framework for prescribing controlled substances via telemedicine, further progress on cross-state licensing, and where liability for AI-assisted care ultimately lands. None of them are reasons to wait. The current foundation is stable through 2027: Congress extended key Medicare telehealth flexibilities, and telebehavioral and telemental health flexibilities are permanent.

Artificial intelligence: The biggest open question beyond 2027

Physician use of AI for clinical purposes jumped from about 38% in 2023 to 81% in 2026. Governance hasn't moved nearly as fast: Liability for AI-assisted decisions still defaults to the supervising physician, with no settled framework for where that responsibility ends.

Physician use of AI in clinical practice



Source: American Medical Association

The future of telehealth: Fully integrated, fully strategic

Telehealth has moved from a patchwork of disconnected tools to a deliberate staffing strategy, from short-term policy waivers to longer-term extensions, and from speculative AI use cases to a governance question health systems can no longer defer. It has also moved from a nice-to-have to a necessity. Patients have more options than the health system across town, including online platforms, and they go where care is faster and easier. Health systems that treat virtual care as an ongoing part of workforce strategy, built alongside permanent hiring, float pools, and short-term coverage, are best positioned to control costs, close access gaps, and keep physicians engaged.

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