

Providers

Industry Pulse

Beyond the labor shortage:
Four workforce shifts provider
leaders need to know



Table of contents

03 Executive summary

04 Understanding the forces shaping the trends

07 Locum tenens is shifting from emergency coverage to workforce strategy

09 Advanced practice providers are a primary care growth engine

11 Behavioral health is moving beyond traditional practice models

14 AI-powered technology is a necessary workforce multiplier

16 Finding clarity in the new provider workforce reality

Executive summary

Are you ready for the next phase of provider workforce transformation?

Healthcare is the leading factor behind job growth in the U.S., responsible for around two-thirds of private-sector job gains. If recent trends persist, [healthcare could be the country's largest private-sector employment category within 10 years.](#)¹

Despite massive gains in labor, healthcare continues to face a staffing shortage, and still, [hiring in 2026 seems to be slowing down.](#)² So where's the disconnect?

Faced with ongoing workforce constraints, regulatory pressures, shifting patient demand, and emerging technologies, provider organizations are exploring new ways to deliver care—some of which could mean leaner teams.

Using our proprietary data and analytics, along with third-party research, we've identified four workforce trends at the heart of the change: contingent staffing is becoming structural, advanced practice providers (APPs) are expanding primary care access, behavioral health delivery models are transitioning, and technology is reducing reliance on in-office labor. We'll explore the data behind each of these trends, what they mean for the industry, and how provider leaders and teams should consider them within a broader strategic framework.

The goal of this report is to provide clarity into the factors most likely to shape key business and operational decisions today and well into the future. Using our data-driven insights, healthcare organizations should gain a deeper understanding of the current care landscape, where it's headed, and how to respond.

Key insights overview:

- Locum tenens is shifting from emergency coverage to workforce strategy, with demand increasing as systems aim to reap the benefits of flexible staffing.
- Advanced practice providers are a primary care growth engine, representing a rising share of employed clinicians.
- Behavioral health is moving beyond traditional practice models and integrating with primary care across virtual, hybrid, and outpatient settings.
- AI-powered technology is a necessary workforce multiplier, with direct ties to labor ROI and patient outcomes.

Understanding the forces shaping the trends

A variety of forces are contributing to the upheaval in healthcare labor, from macro- and microeconomic strains and demographic shifts to evolving consumer preferences and technological opportunities. Here's a quick look at the unifying factors behind our four trends:

1 Aging clinician workforce

According to an analysis of more than 810,000 healthcare providers tracked by Definitive Healthcare, [the average physician was 54.4 years old in 2025](#).³ Comparatively, [the median age of the U.S. worker](#) was 41.8 years old in 2024.⁴

The takeaway here is that physicians are, on average, considerably older than the rest of the U.S. workforce. [Nearly half are over 55 and actively exploring retirement options](#), and when they do retire, they'll leave a potentially massive gap in the provider labor force.⁵ They'll also be joining the growing senior demographic—estimated to [represent 23% of the U.S. population by 2050](#)—and likely contributing to the rising care demands that tend to come with an aging population.⁶

Between the widening hole in the talent pool and growing care requirements, the aging physician base is putting immense pressure on providers to develop new workforce strategies.

2 Ongoing burnout and turnover

Physician-reported burnout is down from the record levels seen at the height of COVID-19, but it remains a key factor driving turnover and early retirement. A 2024 survey of more than 7,600 U.S. doctors found that [45.2% of respondents had at least one symptom of burnout](#)—down from 62.8% in 2021, but up from the 38.2% reported in 2020.⁷

Spurred by long hours, heavy administrative burdens, and dwindling work-life balance—due in part to growing demand for asynchronous communications with patients via digital EHR portals—physician dissatisfaction and turnover are top concerns for provider organizations. Higher turnover typically means longer patient wait times, reduced procedural volumes, and referral leakage to competitors.

To combat burnout, healthcare providers may turn to organizational and technological workflow overhauls: more flexible scheduling, AI-assisted documentation and administrative support, and the implementation of float staff to enable sick and holiday leave, for example.

3 **Margin pressure on provider organizations**

The average health system in 2026 is facing negative margins driven by revenue declines, according to [a report from Strata Decision Technology](#).⁸ While labor expense growth has lagged compared to non-labor expenses, labor remains the leading controllable expense for most providers.

When reimbursement growth lags wage inflation, provider organizations are pushed to divest from lower-ROI service lines, double down on retention, and ensure non-physician clinicians are practicing at the top of their licenses.

4 **Shift away from hospitals, doctor's offices**

In recent years, we've seen advanced diagnostic procedures, chronic care management, and [outpatient surgeries move from hospitals and doctor's offices](#) to ambulatory surgery centers, urgent care and retail clinics, virtual settings, and even into patients' homes.⁹

This ongoing shift to outpatient care is largely driven by lower costs for providers, payors, and patients, but also by patient demand for flexibility in access. Patients get convenience, and providers get higher patient throughput with reduced infrastructure and staff-size requirements.

As a result, provider organizations may be incentivized to staff around scheduling efficiency and visit volume along with inpatient acuity—a strategic approach that increases the importance of float pools, centralized workforce management across sites, and contingent staffing.

45.2%

of respondents in a 2024 Stanford Medicine study had at least one symptom of burnout



5 Rising demand in behavioral health

Around [1 in 5 Americans lives with a behavioral health issue](#).¹⁰ As cases of [anxiety, depression, and other psychiatric illness](#) surge, the demand for behavioral healthcare is growing.¹¹

As with primary care, there are simply too few providers to keep up with rising demand. [The Health Resources & Services Administration](#) says there exists “a large amount of unmet need” for these services already, and projects even greater shortages among key behavioral health occupations by 2038, including addiction counselors, psychologists, psychiatrists, marriage and family therapists, and school counselors.¹²

The crux of elevated demand and dwindling labor supply are complicated further by behavioral health’s status as a low- or no-margin service line in many health systems. Because behavioral health issues can rapidly become matters of clinical urgency, many provider organizations maintain costly 24/7 staffing and/or on-call specialists despite unpredictable patient volumes and [average all-payor margins of -25%](#).¹³

Faced with the reality of these margins, providers may be incentivized to turn to partnerships, outsourcing, telehealth coverage, or regionalization of service lines to improve ROI.

6 Increasing consumer access expectations

In a consumer environment where same-day deliveries, ubiquitous online scheduling, flexible payment plans, and transparent wait times are the norm, healthcare providers face considerable pressure from patients to offer similarly streamlined experiences. However, many systems are struggling to deliver due to a combination of staffing shortages, payor friction, and insufficient training.

[Experian Health’s 2026 State of Patient Access Survey](#) found that 28% of patients faced care delays due to insurance verification issues and 36% struggled to receive authorization for a procedure. Nearly 3 in 4 patients said they at least occasionally delay or forgo care when prices aren’t clearly stated.¹⁴

Faced with these barriers, patients may be more likely to turn to more cost-effective and accessible care options like urgent care and retail clinics—or try their luck with competing health systems. Providers are thus encouraged to double down on access and transparency, whether through acquisitions of urgent care/retail clinics, enhanced digital front doors, or partnerships with payors to pin down service pricing.

Locum tenens is shifting from emergency coverage to workforce strategy

Locum tenens professionals have been a critical component of the provider workforce for years, as staffing shortages first identified in the early 2000s persisted and worsened in the ensuing decades.

In 2019, [85% of hospitals and other healthcare facilities relied on locum tenens physicians](#) to cover specialty gaps and vacancies related to turnover.¹⁵ The COVID-19 pandemic exacerbated the ongoing physician shortage, leading [88% of healthcare facilities to report using locum physicians in 2021](#), with a majority saying they relied on locum labor specifically to maintain services while waiting to fill permanent staff positions.¹⁶

Today, locum tenens is moving beyond reactive emergency coverage to a more purposeful workforce strategy aimed at boosting flexibility, resiliency, and access.

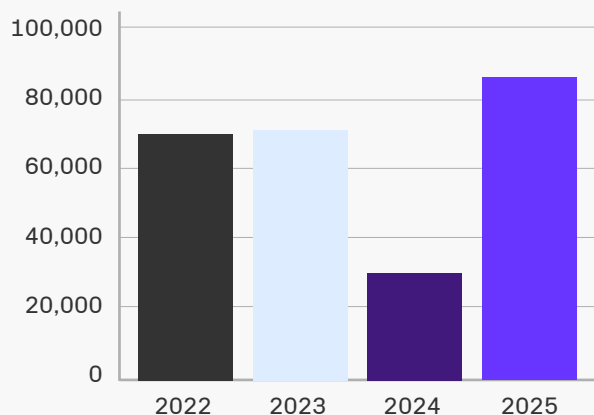
What the data shows

Using a proprietary algorithm based on billing activity and affiliations data, Definitive Healthcare can infer physicians' locum tenens status. Our data shows that the number of locum tenens providers has grown more than 23% since 2022.

Additional reporting from staffing company CHG Healthcare supports this trend. In one CHG survey, 4 in 5 provider organizations reported plans to increase or maintain locums usage in 2025. The same survey found that [8% of physicians were actively working locum tenens in 2024](#), up from 6% in 2015.¹⁷

[More than 1 in 4 locum providers are licensed in primary care specialties](#) like family practice and internal medicine.¹⁸ Around 10% are emergency medicine providers, while the rest represent a variety of specialties. Nephrology and nurse practitioner lead, with 6.6% each. Podiatry and physical medicine/rehabilitation rank last at 0.6% and 0.7%, respectively.

FIG. 1 ESTIMATED LOCUM TENENS PROVIDERS



Locum tenens provider volumes 2022-2025. Locum tenens status is assessed using a proprietary algorithm based on billing activity and recent affiliations. Data is from the Definitive Healthcare PhysicianView product and CMS.

Why the dip in 2024?

In 2024, a number of large-scale data breaches, including the largest healthcare data breach of all time, exposed data for around 190 million individuals, leading to widespread disruption of claims processing. Because of that disruption, any figures based on 2024 claims data are subject to distortion.

In 2023, [West Virginia was the state with the highest percentage of contract providers](#), with about 4.8% of its clinician workforce predicted to be working as locum tenens.¹⁹ Other states with high locum representation are Texas, Kentucky, Maine, Pennsylvania, and Ohio—all states with large rural populations that can be hard to cover with permanent staffing alone.

What it means

Persistent physician shortages in primary and specialty care, along with aging physician demographics, are making it harder to recruit full-time physicians in many markets. Rather than accruing the costs associated with unfilled roles, many provider organizations are willing to pay the premium for locum coverage.

Furthermore, clinicians who are seeking greater control over scheduling, reduced administrative burden, and higher pay may find value in locum positions.

But a significant portion of locum tenens growth may be driven by especially savvy healthcare organizations that recognize the benefits of a more flexible workforce, such as:

- Maintaining specialty coverage in service lines with low or variable throughput
- Supporting expansion into new markets before permanent teams can be established
- Covering seasonal volume fluctuations
- Bridging recruitment gaps during onboarding
- Testing long-term demand in emerging service lines prior to permanent staffing decisions

What to think about

Provider leaders—especially those connected to hiring decisions—should examine their organizational structures, clinical workflows, and budgets to see where locum tenens clinicians can deliver more value. Here are a few helpful questions to consider:

Which specialties or service lines are most vulnerable to coverage disruption?

Boosting locum staffing in these areas can prevent revenue loss and patient leakage due to coverage gaps.

Where is permanent recruitment most likely to close access gaps? Where is it least likely to?

Urban health systems and facilities are more likely to attract younger physicians interested in long-term, full-time employment, while rural settings often face bigger barriers to recruitment and higher turnover (especially among specialists), making them good focus points for locum tenens staffing.

Is temporary staffing protecting downstream revenue—or masking deeper retention issues?

Every care organization needs a plan for contingent staffing, but if coverage gaps are predominantly fueled by turnover, take a closer look at the organizational, clinical, and cultural conditions that may be leading doctors to depart. Geographic and infrastructural factors can be hard to account for—and that's where locum tenens shines as a strategic cornerstone—but issues with management approaches, work-life balance, and administrative burden are more cost-effective to address directly than to bandage over with temporary staffing.

INSIGHT 2

Advanced practice providers are a primary care growth engine

Advanced practice providers (APPs) are a cornerstone of contemporary healthcare staffing strategy. APPs are non-physician clinicians who provide a high level of patient care, with varying degrees of autonomy depending on role, state, and clinical setting. Requiring less rigorous training than their physician counterparts, APPs provide cost-effective coverage of critical primary care and specialist services.

Today, nurse practitioners (NPs), certified clinical nurse specialists, physician assistants, and other non-physician practitioners represent [more than 40% of care providers](#) in U.S. physician practices and perform many of the same duties as physicians.²⁰ NPs, the largest segment of the APP professions, have [full practice authority in 27 states](#).²¹

The expansion of practice authority may especially benefit primary care, which remains underfunded and understaffed. Over the past decade, the number of [U.S. adults without a](#)

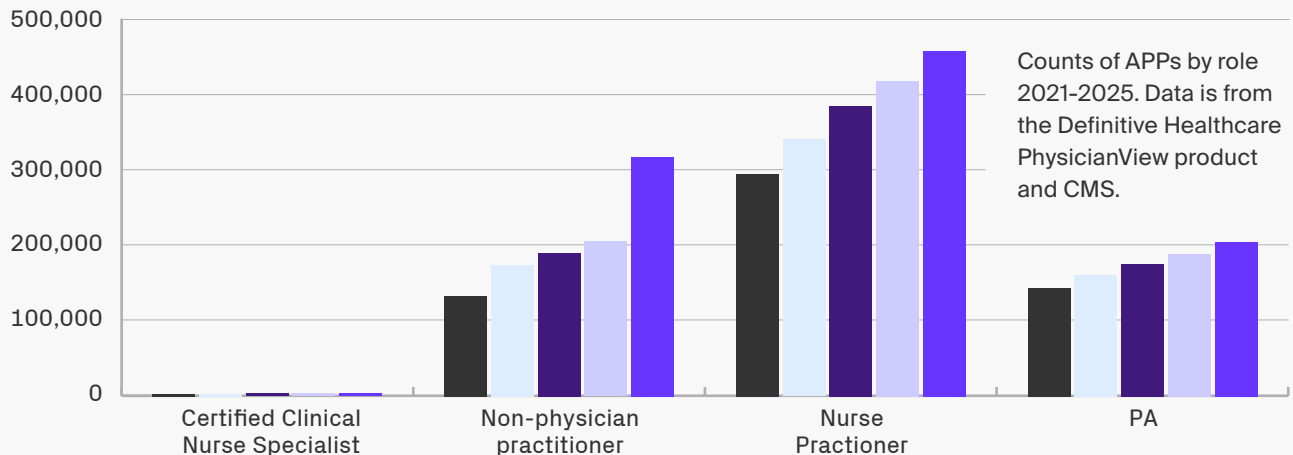
[primary care provider grew 21%](#), while the number of children without a PCP grew 36%.²²

[Nearly 90% of NPs are trained in primary care](#), making them central to ensuring access amid increased patient demand and reduced physician availability.²³ Over the next decade, the vast disparity in projected job growth between MDs and APPs—estimated at [3% for physicians/surgeons](#) and [35% for APPs](#) from 2024 through 2034—suggests that the question is no longer whether to use APPs, but where to employ them to create the most clinical and financial leverage.^{24, 25}

What the data shows

Across all categories tracked by Definitive Healthcare, APPs grew 71% from 2021 to 2025. Certified clinical nurse specialists saw modest growth at 7%, while the broader category of non-physician practitioners (which includes certified nurse-midwives and certified registered nurse anesthetists) led with 139% growth.

FIG. 2 ADVANCED PRACTICE PROVIDER COUNTS 2021-2025 ■ 2021 ■ 2022 ■ 2023 ■ 2024 ■ 2025



Since the passage of the CARES Act in March 2020, NPs, PAs, and clinical nurse specialists are playing a greater role in the delivery of home health care, too. The CARES Act permits APPs to certify, establish, and review home health plans—work previously reserved for physicians.

Our data shows home health claims are up 56% from 2021 through 2025, and the number of distinct home health patients is up nearly 90% across the same period.

What it means

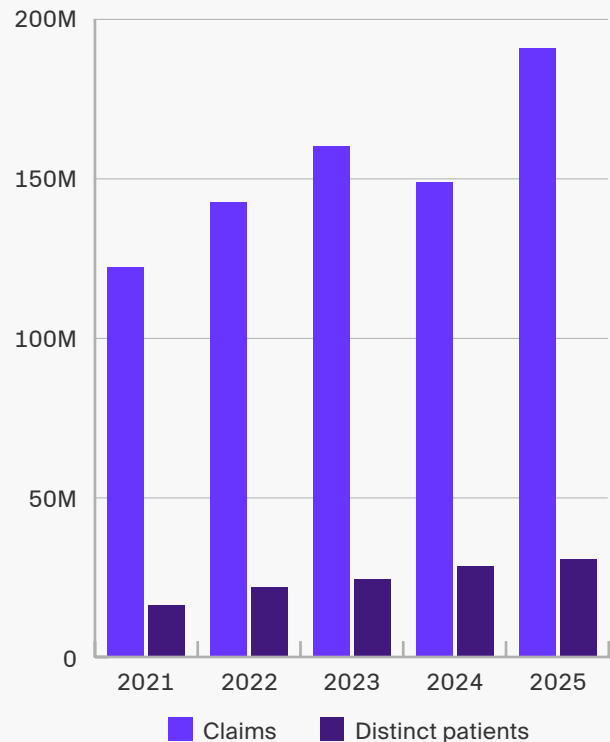
There's a structural shift in how care is being delivered in the U.S. With doctors retiring in record numbers and provider organizations in need of clinicians faster than the physician training pipeline can produce them, APPs allow care organizations to meet growing demands while improving physician productivity and impact.

While APPs are increasingly concentrated in primary care in underserved and rural settings, they're present across specialties and settings. They're also playing a significant role in the shift from hospitals to outpatient sites, especially as demand for in-home care grows along with the country's senior demographic.

For many provider organizations, APPs can be effectively leveraged to:

- Boost clinical capacity
- Expand geographic footprints
- Drive ambulatory growth
- Support retail, virtual, and home-based care
- Improve access in markets where staffing is challenging

FIG. 3 HOME HEALTH CARE ACTIVITY 2021-2025



Claims and distinct patient volumes for home hospital care 2021-2025, defined by revenue code and place of service. Data is from the Definitive Healthcare PhysicianView product and CMS.



What to think about

APPs offer value beyond the role of support staff, especially in markets where physician hiring is particularly difficult. Organizations that want to be well-positioned amid the growing physician shortage of the next decade should consider leveraging them as central components in access, growth, and operational strategies. Consider these questions:

Where are APPs currently driving value in our network? Look at how APPs impact access metrics, patient throughput, readmission and follow-up compliance, and revenue retention. You might find that your APPs are delivering the most value not necessarily through billable visits, but by unlocking physician capacity or capturing patients who would otherwise go out of network.

Are our physician and APP roles clearly differentiated? It's not unusual for APP responsibilities to evolve organically rather than being carefully planned out. However, that can produce overlap and inefficiency. Designing clearly delineated roles ensures APPs operate at the top of their license while allowing physicians to concentrate on complex decision-making, diagnoses, and high-acuity care.

Are we prepared for a rapidly growing APP workforce? If your organization's APP hiring is scaling faster than its workforce infrastructure, take a step back to ensure you're strategically equipped to accommodate—and retain—non-physician clinicians in the long term. Assess the scalability of your compensation, onboarding, and retention strategies, and adjust where necessary to improve salary competitiveness, time-to-productivity, and leadership development pipelines.

INSIGHT 3

Behavioral health is moving beyond traditional practice models

[Behavioral health visits surpassed primary care visits](#) in 2024, reaching 66.4 million versus 62.8 million. This historical occurrence was driven by a 44% increase in behavioral health visits since 2018 (primary care visits dropped 7% over that period).²⁶

As the demand for behavioral health services rises faster than the supply of specialists, providers need to employ novel approaches to stretch their limited resources and maintain access for a growing patient base.

To accomplish this, many healthcare organizations are shifting care away from traditional facility-based encounters and exploring virtual, outpatient, and longitudinal care models.

[Behavioral health claims represented around 60% of all telehealth claims](#) in the U.S. from January to March 2025.²⁷ With [the federal government easing requirements](#) around in-person visits and telehealth reimbursement for Medicare patients, behavioral health services could soon stake an even greater claim of telehealth and home-based care.²⁸

What the data shows

Although demand for behavioral health services is at an all-time high, our data shows that fewer patients are being seen at facilities designated specifically for behavioral health.

From 2022 to 2025, patient counts at behavioral health facilities fell 15% across ownership categories. Hospital-owned facilities saw a slightly deeper decline in patient counts than those owned by physician groups, at -17% compared to -13%.

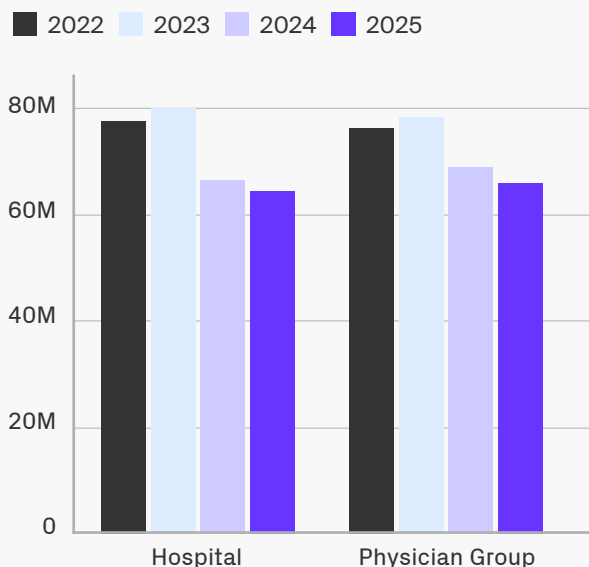
While behavioral health is the source of most telehealth activity today, this activity isn't enough to keep overall telehealth usage at its pandemic-era highs. Since 2020, both distinct patient and claims counts for telehealth services in general have sharply dropped, down -48% and -41% respectively.

What it means

The combination of declining patient volumes at behavioral health facilities and rising behavioral health claims volume points to two primary conclusions: Existing patients are generating more encounters, and behavioral healthcare is moving beyond its designated care facilities.

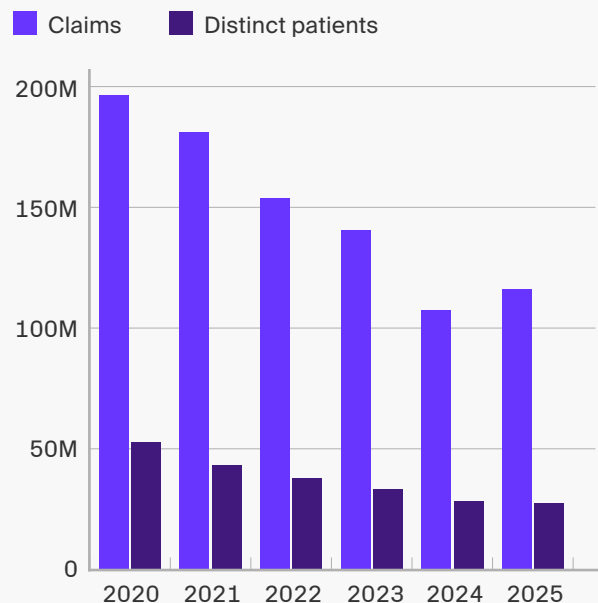
Organizations facing persistent workforce shortages, access bottlenecks, or referral leakage may focus on retention over acquisition, as [efforts to keep patients tend to generate better ROI](#) than those aimed at attracting new ones (consumer research shows new patients return for a second visit 5-20% of the time, while [established patients have a 60-70% chance to return](#)).^{29,30} With these headwinds occurring across markets, the downward trend in distinct patient counts paired with rising claims could signal that providers are homing in on retention.

FIG. 4 BEHAVIORAL HEALTH FACILITY PATIENTS 2022-2025



Distinct patient counts at behavioral health facilities owned by hospitals and physician groups 2022-2025. Data is from the Definitive Healthcare HospitalView product and CMS.

FIG. 5 TELEHEALTH USAGE 2020-2025



Claims and distinct patient counts for all telehealth services 2020-2025. Data is from the Definitive Healthcare HospitalView product and CMS.

Furthermore, behavioral health is a high-touchpoint modality, with recurring encounters like talk therapy, medication management, follow-up care, and patient education all able to occur in settings ranging from the hospital to the home. It's not uncommon for care to be delivered in community centers, schools, and other nontraditional sites.

Growing integration of care into settings outside of behavioral health facilities—where it can often be delivered more affordably for patients and providers—drives claims up while diverting patients from specialized facilities.

For provider leaders, this should serve as a sign to get virtual and hybrid care programs in order. Where traditional providers fail to keep up with patient demand, digital-first providers, retail health organizations, and employer-sponsored mental health networks will be happy to pick up the slack.

What to think about

If behavioral health services are central to your business model, you need to meet patients where they are. For a growing number of patients, that means meeting outside the walls of your brick-and-mortar facilities.

And if you're considering entering the behavioral health space or building a service line, now is a great time to do so. As demand and utilization rates continue to rise, there are ample opportunities to capture additional reimbursement without a total operational overhaul.

The key questions to ask here are:

Where is behavioral health demand occurring in our market? Demand for behavioral health services is often concentrated in urban regions—but, perhaps counterintuitively, urban patients are also [more likely to want to access these services via telehealth](#).³¹ If you want to reach rural patients outside the range of your facilities, the most cost-effective approach may involve partnering with community services, employers, or other providers to take advantage of existing infrastructure.

Is our reimbursement model aligned with hybrid care delivery? A traditional fee-for-service approach to reimbursement can leave money on the table in today's hybridized care environment, but especially when it comes to behavioral health. Make sure your reimbursement model rewards outcomes as well as volume, and don't let team-based care go un-billed. If your patients are moving between social workers, nurse practitioners, care coordinators, and psychiatrists, you should be maximizing billing opportunities for collaborative and integrated care codes.

Are our payor contracts creating barriers to access or scale? Even where demand is high, payor policies can limit growth. If prior authorization requirements are delaying treatments, limits on covered therapy sessions are pushing patients away, or telehealth is reimbursed at vastly lower rates than in-person visits, consider revisiting your payor contracts.

AI-powered technology is a necessary workforce multiplier

Under growing calls to deliver more care with less clinical labor, persistent margin pressures, and rising patient expectations, healthcare organizations cannot afford to fall behind the technological curve.

Faced with multiple headwinds, forward-thinking technological systems have become operational necessities, not just strategic differentiators, as they allow providers to maximize clinical and administrative productivity, reduce operational expenses, and minimize friction that inhibits patient retention and satisfaction.

[Artificial intelligence \(AI\)](#) greatly expedites data processing, enabling faster diagnosis, imaging analysis, care-plan decision-making, and the identification of high-risk patients.³² It's also taking over administrative work like medical

charting, coding, and scheduling, helping clinicians and support staff reclaim valuable time.

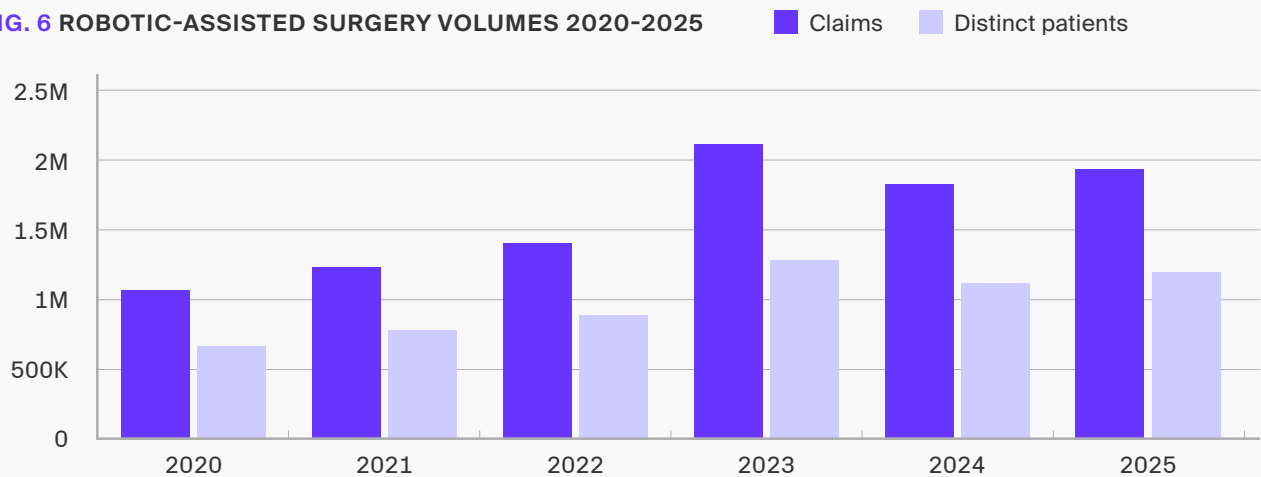
Savings in time and labor opens the door to considerable reductions in overhead. A paper published by the National Bureau of Economic Research found that [broader AI adoption could cut healthcare spending by 5-10%](#).³³

AI has a part to play in the operating room, too, where it's increasingly guiding robotic-assisted surgical systems to perform procedures with greater precision and less strain on its human counterparts.

What the data shows

From 2020 to 2025, robotic-assisted surgery procedure claims grew 81%. The number of distinct patients receiving those surgeries rose 78%.

FIG. 6 ROBOTIC-ASSISTED SURGERY VOLUMES 2020-2025



Distinct patients and claims counts for robotic-assisted surgeries performed 2020-2025. Data is from the Definitive Healthcare PhysicianView product and CMS.

What it means

While robotics represent only a small sliver of AI use cases in healthcare, this data point signals a larger trend: Providers are investing in technologies that can extend clinical capacity, improve precision, and support more standardized care delivery.

As hospitals face shortages of surgeons, anesthesiologists, perioperative nurses, and other surgical support staff, AI-powered robotic platforms can provide an additional layer of consistency even as human resources fluctuate.

Robotic-assisted surgery also supports the shifts toward value-based and outpatient care. By minimizing the invasiveness of a procedure, robotics platforms enable quicker recoveries and shorter lengths of stay—factors that impact value-based metrics and increase the likelihood of success in an outpatient setting.

Providers leveraging robotic surgery systems benefit from the procedural data that they generate. Data from robotic surgeries can be used for quality improvement, training, and performance benchmarking.

The use of robotic systems also serves as a market signal for patients and physicians alike. Providers with advanced surgical capabilities are more likely to attract patients seeking high-reimbursing procedures as well as physicians looking to practice in (or refer to) a technologically sophisticated facility.

What to think about

As AI-enriched technologies become the standard across care settings, provider leaders need to evaluate whether their investments in technology are translating into meaningful workforce advantages.

It's not just about reducing workloads and saving time; technological adoption can also be a cornerstone of your brand identity, demonstrating that your organization doesn't cut corners when it comes to delivering the best possible care.

As you assess your current tech strategy, consider these questions:

How can I get the most value from the tech my organization already uses? Benchmark the annual expenses associated with each discrete technological system against relevant reimbursement rates, clinical outcomes, throughput, and surgeon recruitment. If certain technologies are only being utilized in specific facilities or service lines, explore the prospective value of system-wide expansion.

Are there opportunities to meet procedural demand more effectively with AI-supported tech? Focus on facilities and specialties hardest hit by staffing challenges—these are where a small amount of productivity optimization can go the longest way.

Is our workforce prepared for the impact of automation? Any technology that automates a task or workflow has the potential to fundamentally alter a role. Make sure your operations, IT, and staffing strategies are equipped to accommodate those changes. Try to create pathways for current staff to evolve with the technologies that impact their work.

Finding clarity in the new provider workforce reality

By operational necessity and market demand, the healthcare workforce is changing. Understanding and embracing that change is critical for any provider organization looking to succeed in this new reality. It's also an increasingly complex task.

Across each of the trends explored in this report—rising reliance on locum tenens, the rapid expansion of advanced practice providers, the evolution of behavioral health delivery, and growing investment in AI-enabled technologies—a common theme emerges: Provider organizations are building smarter, more flexible care models in response to mounting workforce and financial pressures.

View workforce strategy not as a hiring puzzle, but as a core driver of growth, access, resilience, and competitive differentiation.

At the same time, aging clinician demographics, persistent burnout, margin compression, shifting site-of-care preferences, and rising consumer expectations are accelerating the need for change. The organizations best positioned for the next decade will be those that view workforce strategy not simply as a hiring puzzle to be solved, but as a core driver of growth, access, resilience, and competitive differentiation.

The question underpinning this report is simple: Is your organization adapting fast enough to succeed?

Success means rapidly and confidently making decisions, continuously improving strategies based on real-world performance, and positioning your organization on the cutting edge.

With the right data and insights covering patients, markets, and provider activity, provider organizations can get the clarity they need to achieve that success.

Endnotes

1. Richardson, N., & Decker, T. (2026, March 24). *Health care is reshaping the labor market*. ADP Research. <https://www.adpresearch.com/health-care-is-reshaping-the-labor-market/>
2. Rogelberg, S. (2026, March 9). *Health care has been propping up a shaky labor market. For the first time in over four years, the sector shed thousands of jobs*. Fortune. <https://fortune.com/2026/03/09/healthcare-jobs-plummet-first-time-four-years-labor-market-economy-jobs-report/>
3. Definitive Healthcare. (2025, March 24). *Average provider age by medical specialty*. Definitive Healthcare. <https://www.definitivehc.com/resources/healthcare-insights/average-provider-age-medical-specialty>
4. *Median age of the labor force, by sex, race, and ethnicity : U.S. Bureau of Labor Statistics*. (2022, September 8). www.bls.gov. <https://www.bls.gov/emp/tables/median-age-labor-force.htm>
5. Mathewes, F. (2025, July 15). *The coming retirement wave and what it means for physician practice ownership*. Becker's ASC Review; Becker's Healthcare. <https://www.beckersasc.com/asc-transactions-and-valuation-issues/the-coming-retirement-wave-and-what-it-means-for-physician-practice-ownership/>
6. Mather, M., & Scommegna, P. (2024, January 9). *Fact Sheet: Aging in the United States - Population Reference Bureau*. Population Reference Bureau. <https://www.prb.org/resource/fact-sheet-aging-in-the-united-states/>
7. Sanford, J. (2025, April 9). *U.S. physician burnout rates drop yet remain worryingly high, Stanford Medicine-led study finds*. News Center; Stanford Medicine. <https://med.stanford.edu/news/all-news/2025/04/doctor-burnout-rates-what-they-mean.html>
8. *Health System Margins Negative to Start 2026, Drug and Non-Labor Costs Continue to Climb* | Strata Decision Technology. (2026, March 12). Strata Decision Technology. <https://www.stratadecision.com/press-release/health-system-margins-negative-start-2026-drug-non-labor-costs-climb>
9. Nojeim, M. (2022, October 4). *Shifting care from hospitals to ASCs*. www.definitivehc.com; Definitive Healthcare. <https://www.definitivehc.com/blog/shifting-care-hospitals-asc>
10. Perera, U., Godwin, A., & Polsky, D. (2024, October 7). *Behavioral Health Needs in the United States*. Nih.gov; National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK609444/>
11. Witowski, N. (2025, July 11). *Top 10 Most Common Mental Disorder Diagnoses*. www.definitivehc.com; Definitive Healthcare. <https://www.definitivehc.com/blog/most-common-mental-health-diagnoses>
12. HRSA. (2024, March). *Projecting Health Workforce Supply and Demand* | Bureau of Health Workforce. bhw.hrsa.gov. <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>
13. American Hospital Association. (2026, April). *Costs of Caring: Challenges Facing America's Hospitals as They Care for Patients in 2026*. www.aha.org; American Hospital Association. <https://www.aha.org/costsofcaring>
14. *Experian Health's 2026 State of Patient Access Survey reveals patient experience is improving, but big challenges remain for healthcare providers*. (2026, March 24). Experianplc.com. <https://www.experianplc.com/newsroom/press-releases/2026/experian-health-s-2026-state-of-patient-access-survey-reveals-pa>
15. *Survey: Use of Locum Tenens Physicians Is Widespread* | AMN Healthcare Services Inc. (2020, February 24). AMN Healthcare Services Inc. <https://ir.amnhealthcare.com/news-releases/news-release-details/survey-use-locum-tenens-physicians-widespread>
16. *AMN Healthcare Survey: Most Healthcare Facilities Using Locum Tenens Physicians to Fill Vacancies* | AMN Healthcare Services Inc. (2022, May 31). AMN Healthcare Services Inc. <https://ir.amnhealthcare.com/news-releases/news-release-details/amn-healthcare-survey-most-healthcare-facilities-using-locum>
17. *State of Locum Tenens: 2024 Report* | CHG Healthcare. (2025). [Chghealthcare.com](https://chghealthcare.com); CHG Healthcare. <https://chghealthcare.com/chg-state-of-locum-tenens-report>

18. Definitive Healthcare. (2023, April 25). *Medical specialties with the most locum tenens providers*. Definitive Healthcare. <https://www.definitivehc.com/resources/healthcare-insights/medical-specialties-most-locum-tenens-providers>
19. Definitive Healthcare. (2023, June 8). *Number of locum tenens by state*. Definitive Healthcare. <https://www.definitivehc.com/resources/healthcare-insights/number-of-locum-tenens-by-state>
20. *APPs make up 41% of the provider workforce. Here's why it matters*. (2025, May 19). Advisory Board. <https://www.advisory.com/daily-briefing/2025/05/19/app-workforce>
21. AANP. (2026, May). *State practice environment*. American Association of Nurse Practitioners. <https://www.aanp.org/advocacy/state/state-practice-environment>
22. *Primary Care in Crisis: New Scorecard Reveals Sector Struggling to Meet Demand, Retain Physicians, and Secure Adequate Funding*. (2024, February 28). The Physicians Foundation. <https://physiciansfoundation.org/primary-care-in-crisis-new-scorecard-reveals-sector-struggling-to-meet-demand-retain-physicians-and-secure-adequate-funding/>
23. American Association of Nurse Practitioners. (2022). *Nurse practitioners in primary care*. American Association of Nurse Practitioners; AANP Website. <https://www.aanp.org/advocacy/advocacy-resource/position-statements/nurse-practitioners-in-primary-care>
24. U.S. Bureau of Labor Statistics. (2025, August 28). *Physicians and Surgeons : Occupational Outlook Handbook*. Bls.gov; U.S. Bureau of Labor Statistics. <https://www.bls.gov/ooh/healthcare/physicians-and-surgeons.htm>
25. U.S. Bureau of Labor Statistics. (2025, August 28). *Nurse anesthetists, nurse midwives, and nurse practitioners*. Bls.gov. <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm>
26. *Behavioral Health Outpaces Primary Care in 2024* | AHA. (2025, November 11). American Hospital Association. <https://www.aha.org/aha-center-health-innovation-market-scan/2025-11-11-behavioral-health-outpaces-primary-care-2024>
27. *Telehealth Trends from January to March 2025* | FAIR Health. (2025, July 17). Fairhealth.org. <https://www.fairhealth.org/article/telehealth-trends-from-january-to-march-2025>
28. Telehealth.HHS.gov. (2026, February 5). *Telehealth policy updates*. Telehealth.hhs.gov. <https://telehealth.hhs.gov/providers/telehealth-policy/telehealth-policy-updates>
29. Card, A. (2024, January 15). *3 tips to reduce patient leakage and improve patient retention*. Definitive Healthcare. <https://www.definitivehc.com/blog/leaky-health-system-prioritize-keeping-patients>
30. Prasad, A. (2022, July 14). Council Post: Patient Acquisition Vs. Retention: Which Is More Important For Healthcare Businesses? *Forbes*. <https://www.forbes.com/councils/forbesagencycouncil/2022/07/14/patient-acquisition-vs-retention-which-is-more-important-for-healthcare-businesses/>
31. *Use of Telehealth in Nonmetropolitan and Metropolitan Areas, United States 2021-2023*. (2025, December). Ahrq.gov; Agency for Healthcare Research and Quality. https://meps.ahrq.gov/data_files/publications/st570/stat570.shtml
32. *AI in healthcare study*. (2023, November). Definitive Healthcare. <https://www.definitivehc.com/resources/research/ai-healthcare-study>
33. Sahni, N. R., Stein, G., Zimmel, R., & Cutler, D. (2024, March). *The Potential Impact of Artificial Intelligence on Health Care Spending*. National Bureau of Economic Research; University of Chicago Press. <https://www.nber.org/books-and-chapters/economics-artificial-intelligence-health-care-challenges/potential-impact-artificial-intelligence-health-care-spending>

About Definitive Healthcare

Definitive Healthcare is a data and analytics company focused on the business side of healthcare. The healthcare market is complex – our data makes it clearer. We cut through the noise to deliver the insights you need to make smarter, faster, more strategic decisions. Because when you succeed, healthcare gets better for everyone.

Interested in learning how we can help grow your business? Schedule a demo or contact your Definitive Healthcare sales executive to learn more.

[Book a demo today →](#)



Definitive Healthcare