



How 3 Top Trends Have Shaped Home-Based Care This Year

Morgan Gonzales, July 9, 2026

At the beginning of every year, Home Health Care News issues [a list of the trends](#) we believe will define the industry.

Often, these predictions seem almost inevitable early in the year, only for events to unfold that completely change the trajectory of a specific trend before the frost melts from the trees. Other predictions have held steady, while some have proven more nuanced than the original predictions suggested. And one of our predictions has been proven wrong.

The first half of 2026 has proven to be a period of calibration for the home-based care industry, and I've watched some surprising and not-so-surprising events unfold. I didn't predict that the Centers for Medicare & Medicaid Services (CMS) would impose a Medicare enrollment moratorium for home health while also proposing a slight increase to the Medicare base payment rate, but both have become defining stories. In personal home care, Medicaid work requirements were hardly a surprise, yet the extent of the disruption surrounding Medicaid fraud investigations has been greater than many anticipated.

In this week's exclusive, members-only HHCN+ Update, I'll share the progress that has been made on three of HHCN's five predictions for 2026. I will offer analysis and key takeaways, including:

- Why TEAM has become a broader symbol of value-based care's evolution
- Why diversification is a more nuanced trend
- The changing hospital-at-home confidence factor

No dice: Hospital-at-home atrophy

Here is where I'll admit I was totally off base. In January, I wrote that the series of [short-term extensions](#) that kept the Acute Hospital Care at Home waiver program on life support, as well as the [government shutdowns](#) that paused the program, meant that the hospital-at-home industry was set to languish.

I was quickly proved wrong.

In February, after a brief partial government shutdown, Congress and President Donald Trump enacted the Consolidated Appropriations Act, extending the waiver program for five years.

That five-year extension did not solve every issue facing hospital-at-home, but it fundamentally changed the outlook. A model I had characterized as vulnerable to paralysis because of policy uncertainty suddenly had a much longer runway for investment, planning and scale.

“For patients, this means fewer disruptive hospital stays, more healing at home, and greater access to high-quality acute care – especially for older adults and those in rural communities,” Pippa Shulman, chief medical officer of hospital-at-home operator DispatchHealth, said in a LinkedIn [post](#) in February. “For health systems, it provides the stability needed to invest in innovation, build teams and scale programs that reduce crowding, improve outcomes and meet people where they are.”

The more accurate midyear read is not that hospital-at-home is risk-free, but that it is no longer defined primarily by waiver instability. The sector may still face operational, reimbursement and adoption challenges, but the policy backdrop is far more supportive than I anticipated in January.

Other reporting backs this up. The extension means it’s “prime time for health care providers to invest in hospital-at-home programs,” whether that’s building or expanding one, according to the [American Hospital Association](#). Dr. Shiv Sutaria, assistant chief medical information officer for Mass General Brigham Healthcare at Home, told [Chief Healthcare Executive](#) that he thought the number of hospital-at-home programs would “skyrocket” in the coming years.

The hospital-at-home model is still very much alive, and as a proponent of increased access to home-based care, I’m happy to be wrong here.

Not the whole picture: The end of the pure-play provider

In January, I played the role of a doomsayer, heralding the demise of the pure-play home-based care provider.

To me, pressures in the home-based care industry do often make diversification strategically attractive. When home health faces a Medicare enrollment moratorium or personal home care is threatened by changes in immigration policy, a broader platform can help spread risk and build greater resilience. In that sense, the case for diversification remains strong.

But I may have been a bit overzealous in my original prediction. I still think that, overall, the industry is moving away from a single service line reimbursed primarily by a single payer. But that does not mean every provider is racing to add new offerings. Midyear, the better analytical take is that diversification is an important strategy — not an inevitable one. I had at least two conversations this year that demonstrated that not everyone is beset by a more-is-more philosophy.

In January, I asked Jonathan Fleece, CEO of Empath Health, if he had plans for service line diversification and he replied in the negative.

“If anything, it’s going to be a focus on perhaps narrowing our service lines to really be very, very focused on ‘What do people need in the last five or so years of life?’” he said.

That doesn’t mean Empath is abandoning breadth altogether, but it does underscore an important distinction: some providers may see more value in building density, clarity and expertise around a defined population than in expanding across the continuum for its own sake.

I also caught up with Zac Long, CEO of Well Care Health, and he talked through the logic behind his company’s divestment of the personal care services and private duty nursing line two years ago. The

divestment allowed the company to put a “laser focus” on Medicare-certified home health and hospice home care, he said.

Although that divestment predates 2026, Well Care’s continued growth in existing and new geographies suggests that narrowing scope can also be a credible path to long-term strength. That is a useful corrective to my original framing. A more focused provider can still thrive if it operates in attractive markets and executes well.

Where I still think the broader point holds is on the capital side. Investors do appear to place a premium on diversified, scaled home-based care platforms. For example, General Atlantic [acquired](#) TEAM Services Group from Alpine Investors for \$3 billion, according to reports. This deal, reportedly made at a 10x multiple, showed that investors are most interested in diversified powerhouse companies. TEAM’s offerings include direct care delivery plus scalable financial management services – making it one hell of a diversified company.

That said, investor enthusiasm for diversified platforms is not proof that every operator should expand its service lines. The first half of 2026 suggests a more nuanced conclusion: the market is rewarding both breadth and focus, depending on the model. My January prediction overstated the universality of the shift away from pure-play providers, but I still think the long-term direction of travel favors organizations that can either diversify intelligently or make a very strong case for why focus is the better strategy.

On track: The rise of the TEAM player

In January, I predicted that CMS’ mandatory bundled Transforming Episode Accountability Model (TEAM) would propel the home health industry further into alternative payment frameworks. Midyear, that call looks directionally right — not because TEAM has dominated headlines, but because it has reinforced a broader shift toward value-based thinking across the sector.

TEAM continues to be a meaningful signal of innovation in home-based care payment innovation. Devin Woodley, vice president of managed care contracting at VNS Health, recently spoke at HHCN’s PAYER Summit and [pointed to TEAM](#) — as well as the Hospice Outcomes and Patient Evaluation (HOPE) model — as evidence that CMS is pushing value-based innovation in the Medicare space.

I also said that, because the model positions providers relative to one another within a larger region, providers implicated by the model would have to clearly communicate their value to hospital partners. Providers have to focus on differentiation, which has to be grounded in measurable performance.

That emphasis on differentiation continues to surface in my reporting, even beyond providers directly implicated by TEAM. In that sense, the prediction may have captured that TEAM is just one expression of a wider market reality in which home-based care providers increasingly need to show not just capacity, but outcomes, coordination capabilities and strategic relevance.

TEAM may not have made splashy headlines in the first half of 2026, but insiders continue to see it as a spark of change in the industry. The details embedded in TEAM, like value-based positioning, interoperability, data sharing and quality outcomes, are definitely top of mind. As a recent example, I [spoke with](#) new Bayada Home Health Care CEO Bryony Winn about how she is prioritizing a shift to

operating through a value-based care lens, focusing on the total cost of care. That doesn't prove TEAM alone is reshaping the industry, but I'll say that the wind is behind my prediction's sails.

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