

Scaling Telehealth and Other Emerging Technologies to Mitigate the Health Care Workforce Crisis

PCC Annual Telehealth Summit - October 30, 2025

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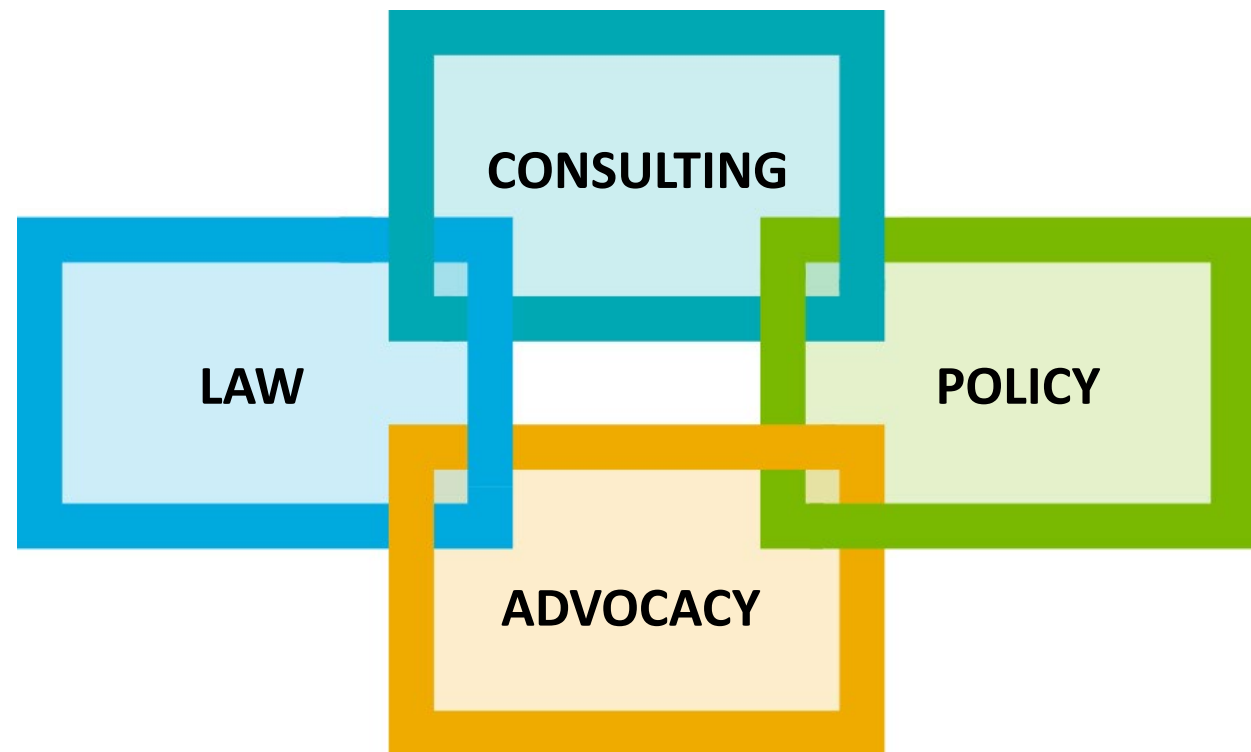
About Manatt Health

Wide Breadth of Experience Across Health Industry

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We serve clients across a range of topics:

- AI and Digital Health
- Health Information Technology
- Medicaid
- Health Care Reform and Transformation
- Health Care Privacy
- Social Drivers of Health (SDOH)
- Children's Health
- Health Care Regulatory and Fraud and Abuse
- Health Care Transactions
- Health Care Litigation
- Strategic Consulting
- Long Term Services & Supports (LTSS)
- Health Equity



A Wide Breadth of Experience

Health IT and Digital Health









Government









Providers











Health Plans










Foundations and Associations





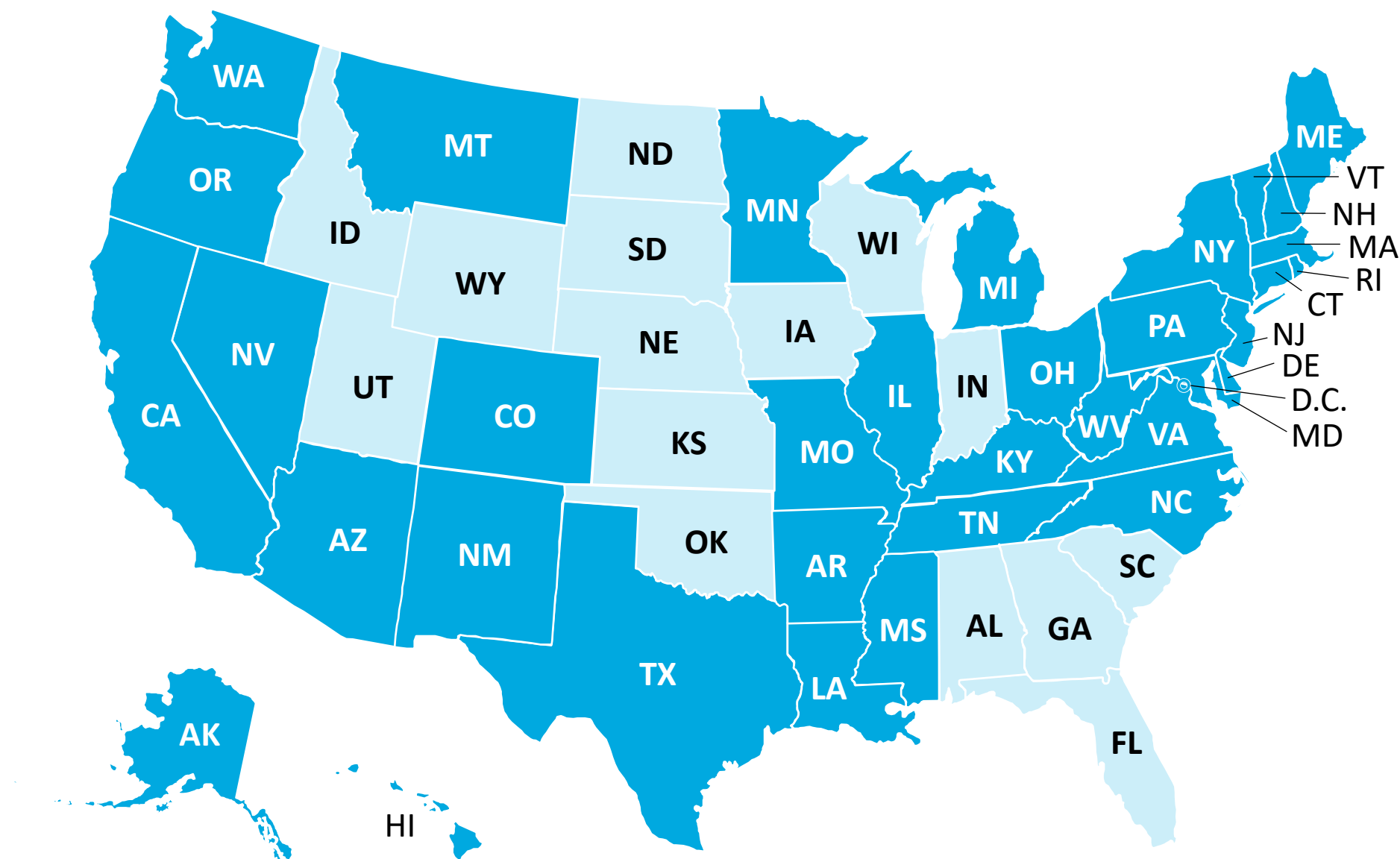




Plus . . . 8 of the top 10 pharmaceutical companies.*

** Due to confidentiality, client names cannot be disclosed.*

Manatt Health State Engagements



Since 2015, Manatt Health has led engagements in

35 States

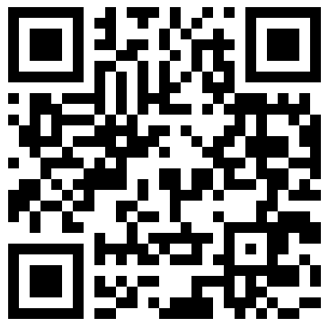
either directly through state agencies or via foundations

Manatt Health Engagements

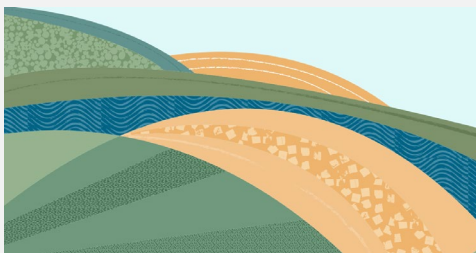
The 80 Million: Weekly Medicaid Newsletter



The 80 Million is a Medicaid newsletter and blog powered by Manatt Health. Our legal and consulting professionals bring together our best thinking on Medicaid to not just inform our audience but provide tactical support on how to navigate an ever-shifting landscape. We cut out the noise and get real on Medicaid: Medicaid works, and we believe it should be protected.



Select Newsletter Content



“Redesigning Rural Health: How States Can Craft a Winning Application”



“CMS Acts on Medicaid State-Directed Payments”



“HHS’ PRWORA Notice – What it Means for Community Health Centers”



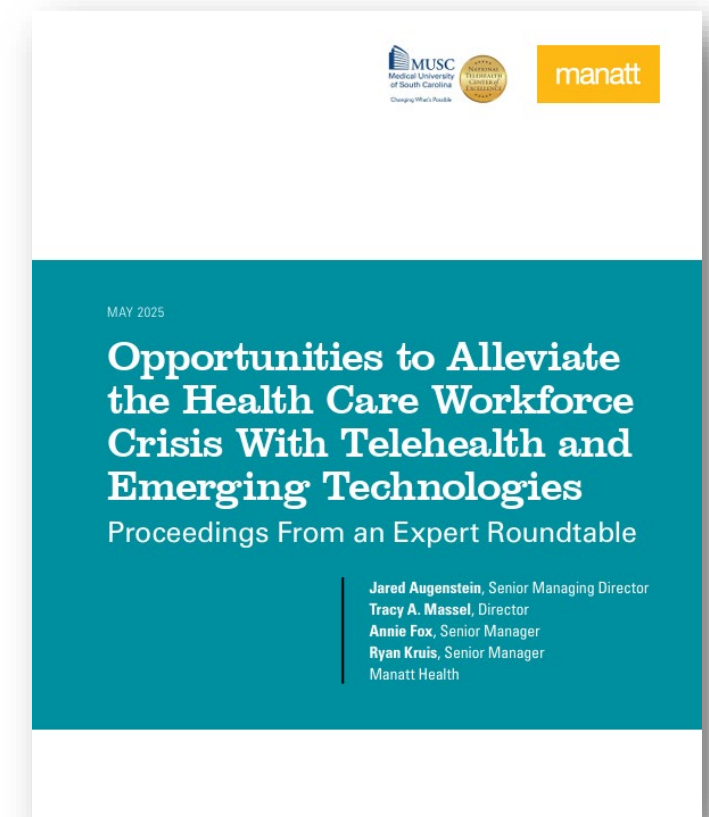
“The Rural Health Transformation Fund: What States and Providers Need to Know (and Do) Now”



“Medicaid Impacts of H.R.1 – You Asked, We Answered”

This presentation is based on a recent white paper developed in partnership with MUSC.

- Authored in partnership with the Medical University of South Carolina (MUSC), a HRSA-funded Telehealth Center of Excellence
- Based on background research, interviews, and a national convening of over 20 expert stakeholders including:
 - Health care providers
 - Professional associations
 - Telehealth and workforce researchers
 - Health tech companies



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Audience Polling

<https://pe.app/ryankruis>



How urgent does the healthcare workforce crisis feel at your organization?

Inactive

↑

0

↓

Not Urgent

0%

Manageable

0%

Severe

0%

Critical

0%



Add Choice

When Presented

Hide Responses

Lock

Show Correctness

Where is your organization feeling the greatest pressure in terms of workforce shortages?

Inactive

↑

0

Nursing

0%

Behavioral Health

0%

Primary Care

Responses Hidden

0%

Specialty Care

0%

Administrative or Support Staff

0%



What telehealth use case or program do you think has the greatest potential to support the healthcare workforce?

Inactive

0



Responses Hidden

Save Question Settings

Revert

Hide Responses



Lock



What is your level of comfort or concern about integrating generative artificial intelligence into healthcare?

Inactive



0/0

Excited

0%

Cautiously Optimistic

0%

Neutral

Responses Hidden

0%

Concerned

0%

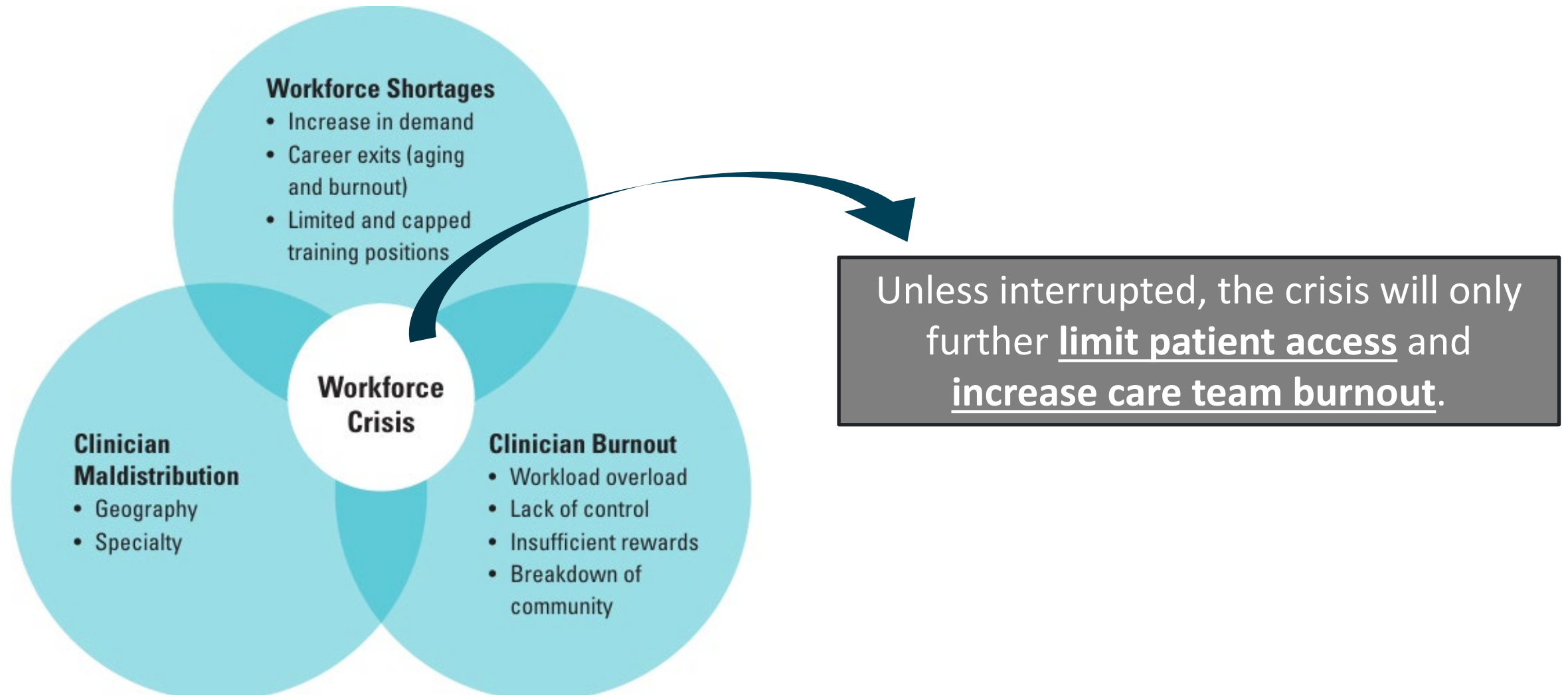
Opposed

0%



Health Care Workforce Crisis

There is a growing health care workforce crisis across clinical specialties, care settings, and care team categories.

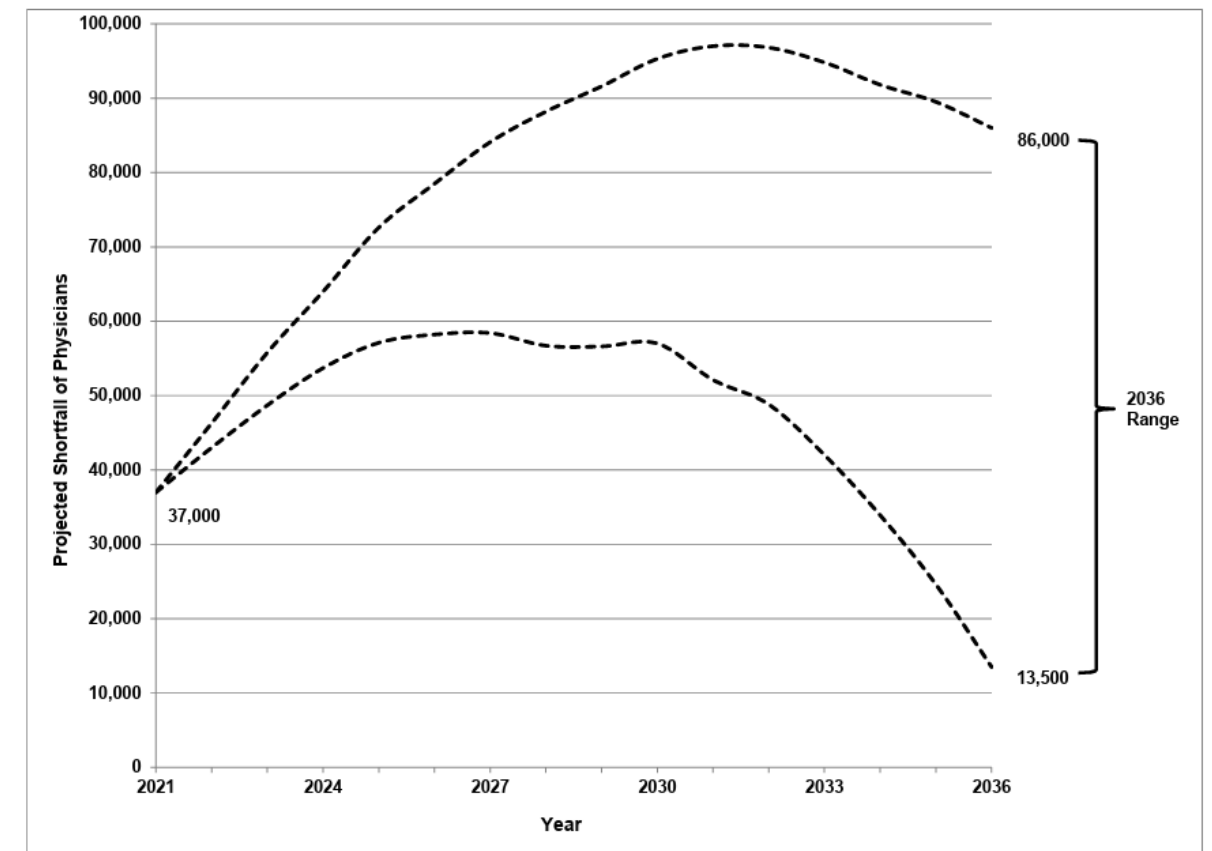




Underlying the crisis, societal and demographic trends point to increased demand for care without a commensurate increase in care team members.

- AAMC projects the following physician shortages by 2036:
 - 20-40K primary care physicians
 - 10-19K surgical physicians
 - Up to 5.5K shortages in Medical specialties
- HRSA projects by 2036 the US will only have access to 45% of the needed adult psychiatrists to meet demand.
- HRSA projects a national shortage of ~208K registered nurse (RN) FTEs in 2037.

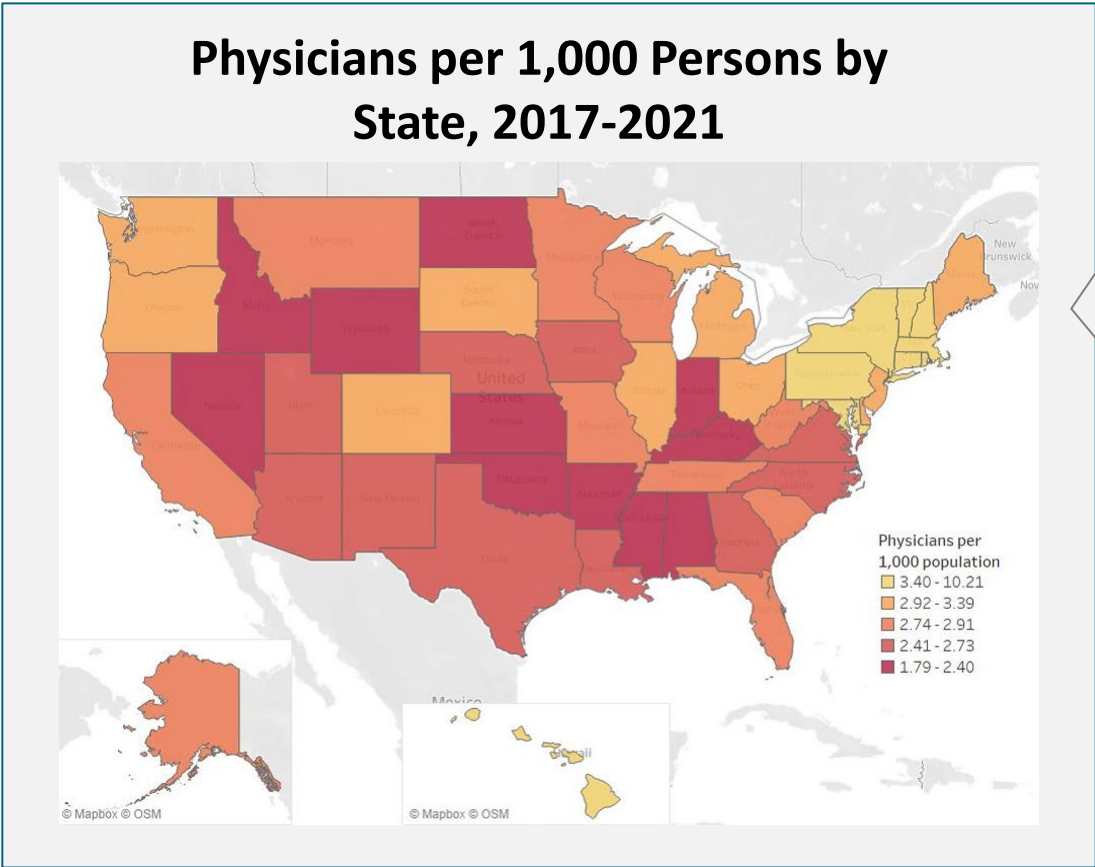
Exhibit 1: Total Projected Physician Shortfall Range, 2021-2036



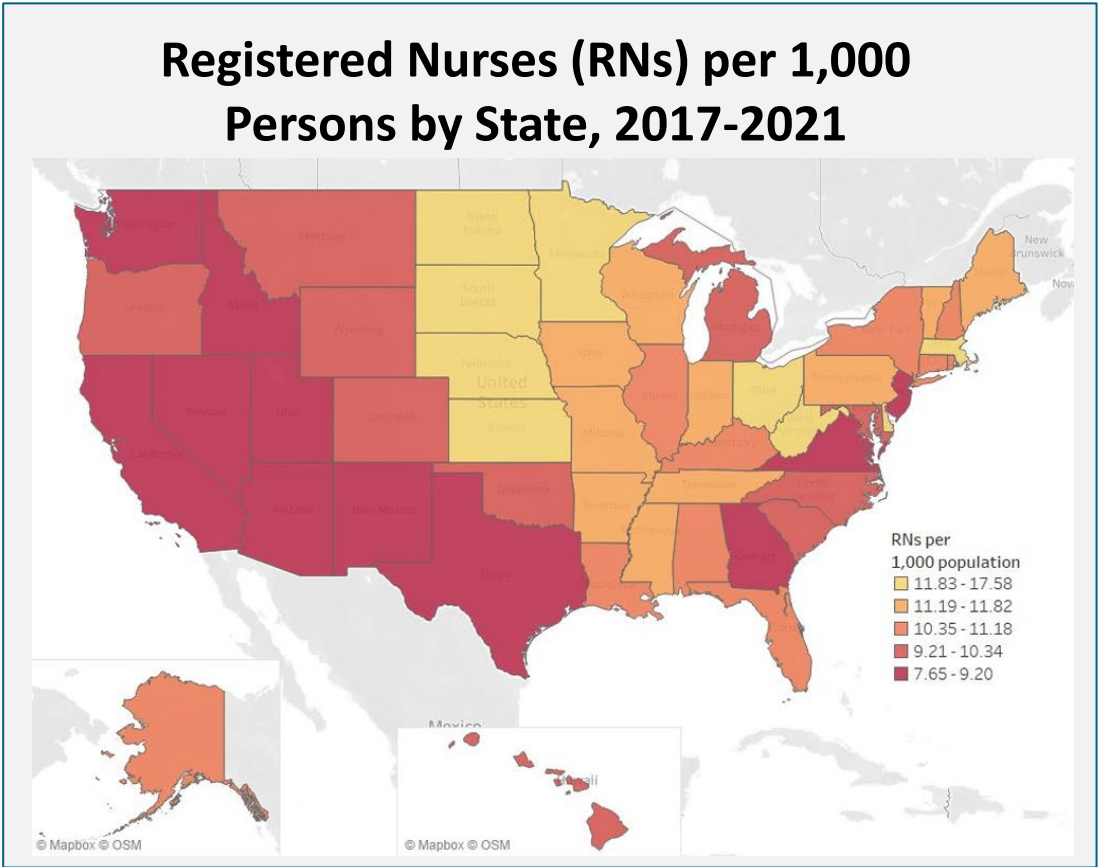
Source: AAMC, [The Complexities of Physician Supply and Demand: Projections From 2021 to 2036](#) (March 2024) | Office of the Assistant Secretary for Planning and Evaluation, [Health Care Workforce: Key Issues, Challenges, and the Path Forward](#) (October 2024) | HRSA Health Workforce, [Nurse Workforce Projections 2022-2037](#) (November 2024).



Beyond the imbalance in supply and demand, there are societal mismatches in clinical/demographic profiles and physical location.



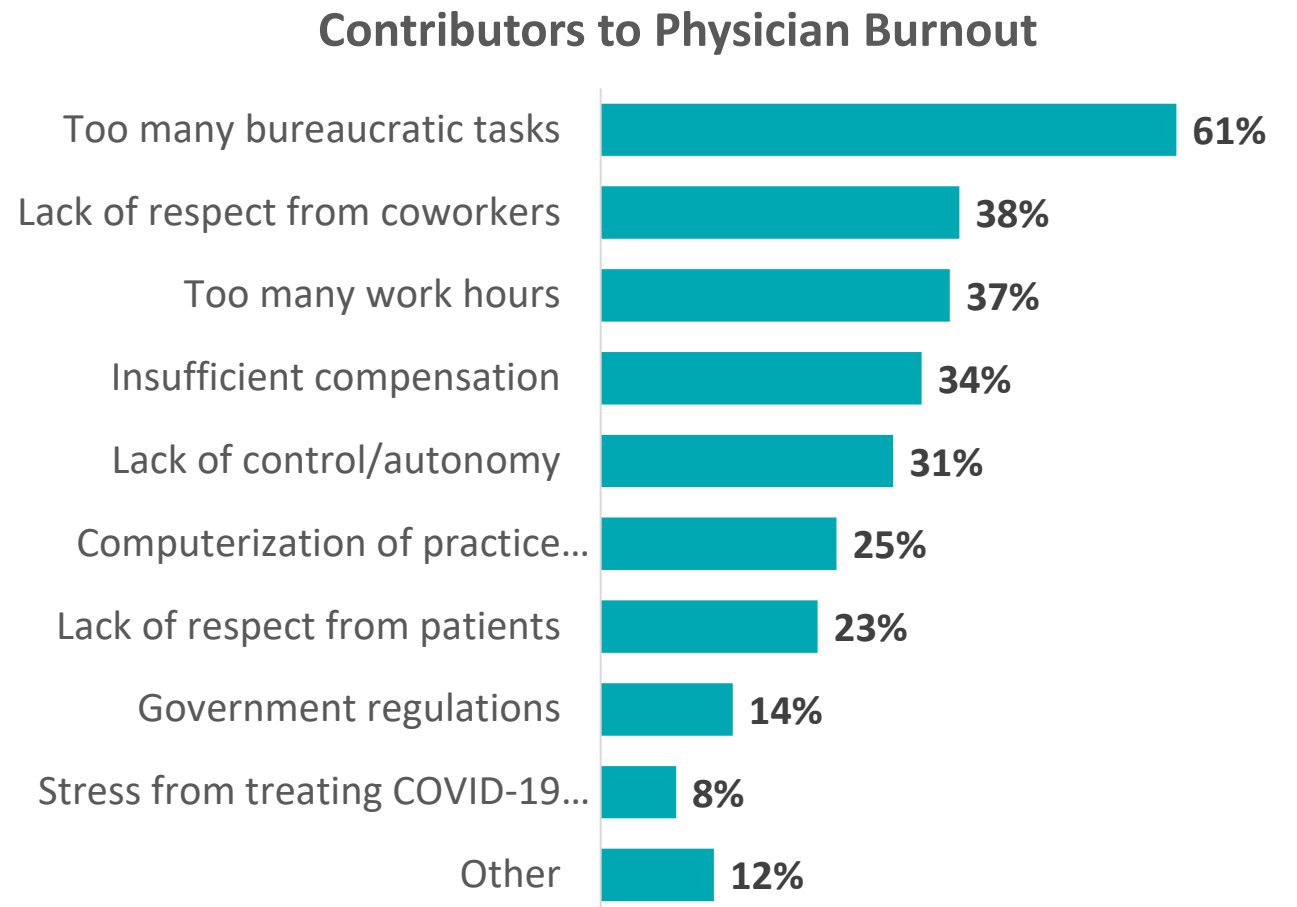
While 94% of estimated demand for physician services will be met in metro areas in 2036, less than half of estimated demand (44%) will be met in non-metro areas.



Source: Office of the Assistant Secretary for Planning and Evaluation, [Health Care Workforce: Key Issues, Challenges, and the Path Forward](#) (October 2024).

Exacerbating the shortage of clinicians, professionals continue to face significant pressures and have chosen to leave the workforce.

- 1 in 2 physicians report experiencing at least one symptom of burnout (similar rates among RNs, BH workers) costing the U.S. healthcare system an estimated \$4.6 billion a year.
- Recent meta-analysis of physician burnout studies showed burnout was associated with:
 - 2x increase in patient safety incidents
 - 4x decrease in job satisfaction
 - 3x increase in turnover intentions
 - 3x increase in regret of career choice

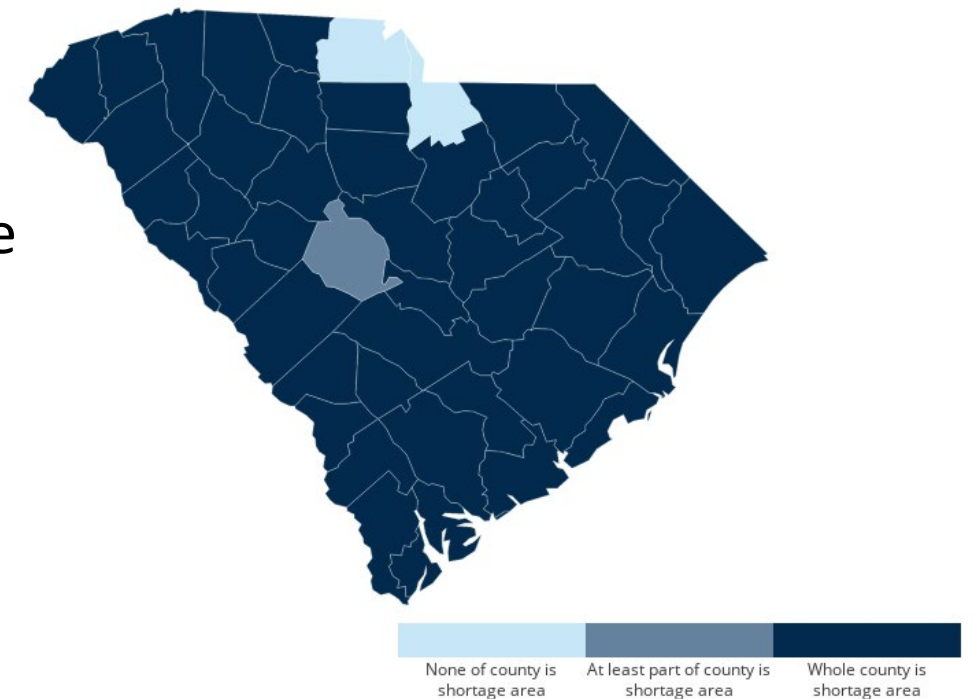


Source: AMA, [Physician Burnout Rate Drops Below 50% for First Time in 4 Years](#) (July 2024) BMJ (September 2022) | Medscape, [Physician Burnout & Depression Report 2023](#) (January 2023)

Like the rest of the nation, South Carolina is grappling with severe workforce shortages across nursing, primary care, and behavioral health.

- **Physician density:** SC ranks 40th nationally in physicians per capita (≈ 2.3 per 1,000 people vs. 3.4 U.S. average)
- **Nursing shortages:** HRSA projects SC to be ranked 4th among states with the largest projected RN shortages by 2037.
- **Behavioral health shortages:** 44 of 46 of SC's rural counties are either full or partial mental health shortage areas as designated by HRSA
- **Rural hospital at risk of closing:** Three rural hospitals have closed in SC since 2015. Of the remaining 24 that remain open, 7 are at risk of closing and 4 at immediate risk of closing.

Health Professional Shortage Areas: Mental Health, by County, July 2025 - South Carolina



Source: Beckers, [Physicians per Capita in All 50 States](#), (March 2025) | HRSA, [Nursing Workforce Projections 2022-2037](#), (November 2024) | Center for Healthcare Quality and Payment Reform, [Rural Hospitals at Risk of Closing](#) (August 2025) | RHI Hub, [Health Professional Shortage Areas: Mental Health – South Carolina](#) (July 2025)

Opportunities for Telehealth to Mitigate

Telehealth can ease the workforce crisis in three critical ways: extending the current workforce, expanding the catchment area for care team members, and maintaining the current workforce.



Extend the current workforce

- Moving from a 1:1 to a 1:many model
- Shift work between physicians (e.g., Specialists to PCPs) and/or clinician types (e.g., MDs, NPs)
- Create efficiencies by moving from synchronous to asynchronous care



Expand the catchment area for care teams

- Maximize care team member's ability to see appropriate patients by reducing physical proximity as a barrier



Maintain the current workforce

- Support less experienced clinicians through mentorship
- Reduce drivers of burnout by providing more flexibility and autonomy over when and where work occurs as well as additional mentoring and support

Application of Framework to Telehealth Use Cases

Experts applied this framework to different telehealth use cases to showcase how each can address the workforce crisis.

	Extend current workforce			Expand Geography	Maintain Workforce
	1:1 → 1:many	Task Shifting	Shifting from Sync to Async	Extended Clinician Catchment	Make It Easier To Work
Clinician : Patient					
Video Visits (Ambulatory)				●	◐
RPM	●	◐	◐	●	
eVisit	●	◐	●	●	
Virtual Sitters	●			●	
Virtual Nursing (Admit / Discharge; Rounding)	●	●		●	●
Clinician : Clinician					
E-Consult (async)		●	●	●	◐
Provider to Provider Consults (sync)		●		●	◐
Project ECHO	◐	●		●	◐
Virtual Nursing (Training)	●			●	●
Tele-ICU	●	●		●	●

● = meets category criteria ◐ = meets category criteria, but with caveats

Challenges to Scale

Several interconnected factors contribute to the challenge of deploying telehealth at scale:

- ✗ Limited or uncertain **reimbursement**
- ✗ High implementation and operational **costs**
- ✗ **Care team member comfort** with new technology
- ✗ Care team member **training**
- ✗ Lack of **evidence** base
- ✗ **Patient access** to and comfort with technology/internet

Opportunities with AI

As a tool layered with telehealth, AI can provide workforce relief by:

- ✓ **Assisting:** allows care team members to focus on more complex tasks, increasing efficiency and reducing time spent on routine information gathering
- ✓ **Augmenting:** analyzes large datasets to identify patterns and insights that might be missed by human care team members
- ✓ **Automating:** administers repetitive and time-consuming admin tasks, allowing staff to focus on higher-value activities

Example: Virtual Nursing

Definition

- Virtual nursing leverages remote nurses who provide patient care and peer support via video, phone, or secure messaging.
- Common inpatient roles include:
 - Direct patient care (education, admit/discharge)
 - Administrative support (documentation, patient safety surveillance)
 - Peer mentoring and training

Workforce Impact

- **Extend the workforce:** Enables remote nurses to manage patient tasks and documentation, freeing bedside staff for hands-on care.
- **Expand reach:** Allows experienced nurses to support multiple units and rural hospitals facing staffing shortages.
- **Maintain workforce:** Offers flexibility and reduced physical strain—helping retain experienced nurses and reduce burnout.

In 2024, 46% of hospital leaders had piloted virtual nursing programs; 10% reported it as a standard part of care delivery.

Source: AvaSure, [Despite Progress in Virtual Nursing Adoption, Most Providers Remain in Early Stages](#) (December 2024)

Barriers and Strategies for Scaling Virtual Nursing

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Barriers to Scale	Potential Mitigators
Financial Investment: High initial technology, infrastructure, and start-up costs	• State or federal grants for telehealth pilots for virtual nursing that defray initial costs • Hospitals can invest incrementally in virtual nursing—piloting discrete workflows in a few units—while they build technical infrastructure and ROI evidence needed for wider adoption
Leadership Buy-In: Limited peer-reviewed evidence demonstrating quality of care improvement and return on investment makes buy-in difficult	• Academic medical centers and other research entities can support clinical research that demonstrates the direct and indirect ROI and impact on patient outcomes
Intervention Complexity: The introduction of virtual nursing disrupts existing workflows and requires significant change management	• Industry leaders can develop implementation toolkits outlining staffing models and their impact on the workforce, workflows, financial planning, technology requirements, and key performance indicators to increase broad adoption

“Organizations are quickly standing up programs without capturing the data needed to make the case for sustained financial support.” — *Health System Leader*

Integrating AI with virtual nursing may help extend clinical oversight, reduce administrative burden, and transform staffing models

AI Opportunities to Enhance Virtual Nursing:

- **Automated documentation:** Ambient tools to transcribe and summarize encounters
- **Predictive analytics:** Identify early signs of patient deterioration (e.g., sepsis alerts)
- **Virtual triage:** AI chatbots collect patient symptoms for prioritization
- **Medication adherence support:** AI reminders and personalized education
- **Remote monitoring integration:** AI analyzes vitals and alerts nurses to trends

“We cannot keep operating under the assumption that doctors and nurses will spend all day in patient charts. We need to think about how to eliminate unnecessary work and let clinicians focus on care.” — *Industry Leader*

- **There is a national health care workforce crisis that is worsening**
- **Telehealth is a practical, scalable opportunity to mitigate some strain**
- **Virtual nursing is one example of how telehealth can support the workforce**
- **AI can amplify telehealth's impact**
- **Technology alone isn't enough**



Thank You!

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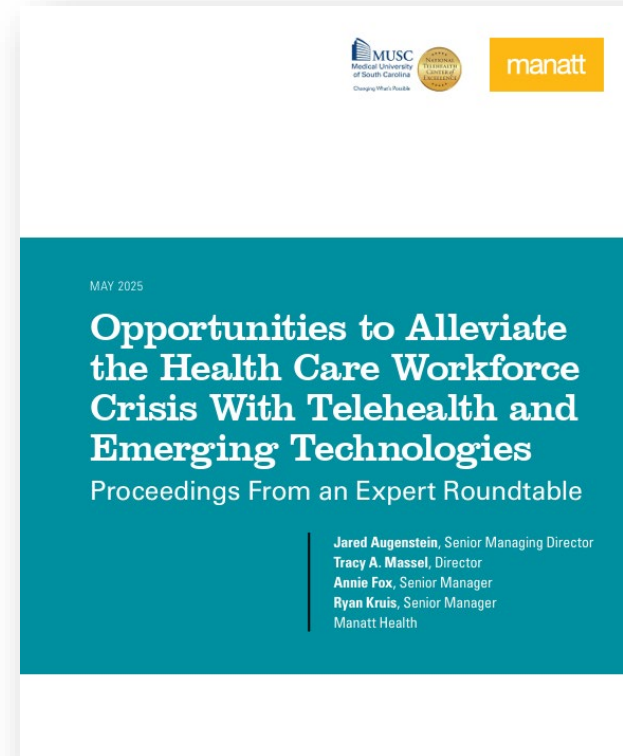


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