

rainstorm
direct

Senior Healthcare Trends



What this Report Covers

A look at where senior healthcare stands today — and where the opportunity lies for brands that pay attention.

1. **The Silver Tsunami** - Scale of the population & healthcare system pressure
2. **Affordability Squeeze** - Rising costs forcing delayed care & retirement
3. **Access & Friction** - High utilization, but the system is still hard to navigate
4. **Medicare Advantage Disruption** - Plan instability vs. continued enrollment growth
5. **Hybrid Care** - Virtual as the default, not the exception
6. **Digital Health & AI** - Tech that reduces burden — when doctors recommend it
7. **Caregiver Crisis** - Supply collapse and the professional care gap
8. **Aging in Place** - Why home is where the healthcare opportunity lives

OVERVIEW

THE THESIS

Seniors are America's most medically engaged population. They show up. They travel. They pay. The problem isn't their motivation — **it's a system that creates friction at every turn.**

7+

PCP visits per year — seniors are the most consistent healthcare consumers in America

47%

worry they can't afford necessary care in 2026 — the highest recorded since 2021

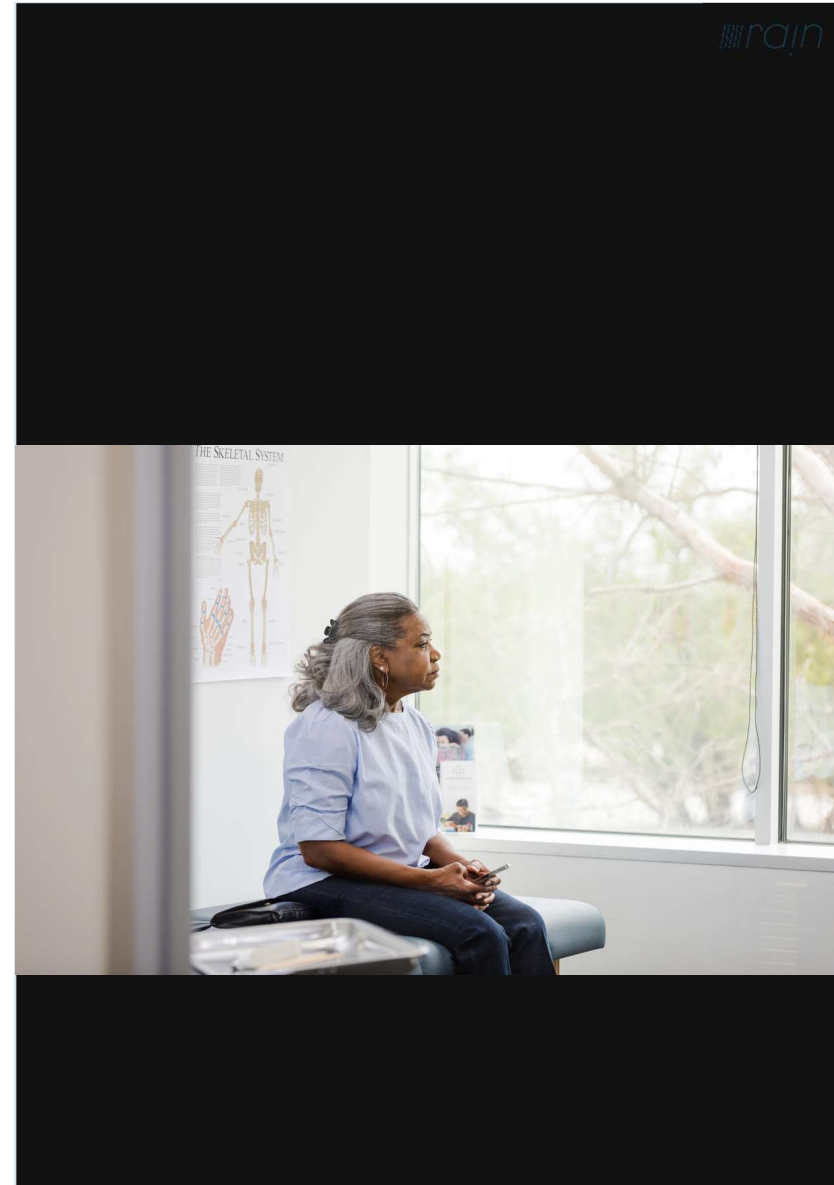
3 in 5

seniors who need to see a doctor can't get an appointment within 2 days



Sources: West Health-Gallup, 2026; Commonwealth Fund International Health Policy Survey of Older Adults, 2024 (pub. April 2025); Rain Agency Senior Social Digital Research, 2025

rain





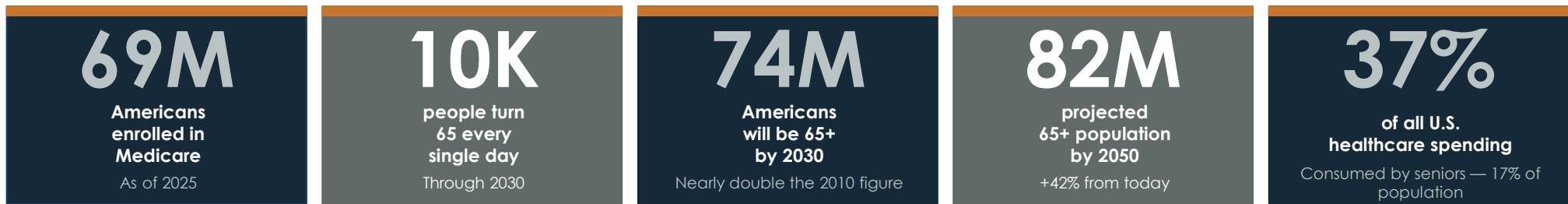
Where Things Stand

The scale, the squeeze, the access gaps, and the Medicare Advantage disruption shaping senior healthcare today.

WHERE THINGS STAND

The Silver Tsunami: Why Senior Healthcare Is the Market of the Decade

10,000 Americans turn 65 every day. By 2030, every Baby Boomer will be Medicare-eligible. The wave is here.



A High-Need Population

- Most older adults have at least 1 chronic health condition; many manage several simultaneously
- 44% of adults 65–74 have arthritis; 20% have diabetes; nearly 42% are classified as obese
- Average 65-year-old today will spend 20+ years on Medicare — twice as long as in 1965
- \$22,356 — annual healthcare spend per senior, 2.5x the working-age average

A System Under Pressure

- Medicare spent \$1.1T in 2024 — 21% of all national health expenditure
- Medicare spending projected to nearly double over the next decade (CBO, 2026)
- Social Security + Medicare will grow from 9.1% to 11.5% of GDP by 2035
- All Boomers reach Medicare age by 2030 — 65K new PCPs & APPs needed just for seniors

WHY THIS MATTERS NOW

This isn't a coming wave.

It's already here. The brands that build now for this population — with friction-reducing tools, physician-integrated models, and home-first solutions — will define the next decade of healthcare.

Those that wait will be playing catch-up to a market that's already moved.



Sources: U.S. Census Bureau, Aging in America (2026); Population Reference Bureau, Fact Sheet: Aging in the United States (2026); CMS / SeniorLiving.org, Medicare Enrollment Statistics (2025); CMS National Health Expenditure Data (2024); Congressional Budget Office, Federal Health Program Cost Projections (Feb 2026); NCOA, Facts on Older Americans (2024)

AFFORDABILITY

Healthcare Costs Are Forcing Seniors to Make Impossible Tradeoffs

Rising premiums, deferred care, and delayed retirement — the financial squeeze on seniors has never been tighter.

47%

of U.S. adults worry they can't afford care in 2026

Highest level recorded since 2021

\$203

Monthly Medicare Part B premium in 2026

Exceeds \$200 for the first time ever — up from \$185 in 2025

24M

Americans have postponed retirement due to healthcare costs

Nearly 1 in 10 U.S. adults

26%

Skipped dental, hearing, or vision care

Adults 65+ deferring essential care to manage costs — care that often prevents larger, more expensive health events

West Health-Gallup, 2026

20%

Couldn't pay for prescriptions in the past 3 months

A record high — 1 in 5 Americans unable to fill medications, with seniors 65+ seeing an 8-point decline in affordability since 2022

West Health-Gallup, Nov 2025

+9.7%

Part B premium increase in a single year

Rising from \$185 to \$202.90 — while the 2026 COLA was just 2.8%. Healthcare costs are outpacing seniors' income growth

CMS, 2026

IMPLICATION

Affordability is the new access problem.

Seniors aren't avoiding care out of indifference — they're making calculated tradeoffs between bills, medications, and appointments.

Brands that reduce financial friction — through \$0 premium options, simpler billing, or benefits that cover dental and vision — will win loyalty that clinical quality alone cannot.



Seniors Rate Their Care Highly — But Access Gaps Are Widening

85%

Rate Personal Care as Excellent/Good

Adults 55+ lead all age groups — vs. 53% of 18–34 year-olds and 72% of 35–54 year-olds.
Gallup, 2024

9 in 10

PCPs Want More Time — But the System Doesn't Allow It

57% write referrals due to time pressure rather than clinical need.
MDVIP/Ipsos, 2025

2 in 5

Seniors Getting an Appointment Within 2 Days

Only 2 in 5 seniors needing to be seen could get an appointment within 2 days.
Commonwealth Fund, 2024

128

MINUTES

The average travel time adults 65+ will tolerate for a specialist visit before delaying or skipping care entirely.

JAMA Network Open, 2026



FR I C T I O N

The Problem Isn't That Seniors Won't Engage — It's That the System Makes Engagement Hard

Too many choices

**48
plans**

The average number Medicare beneficiary faces during open enrollment. Seniors report wanting no more than 4 options — the gap between supply and cognitive capacity is a friction point before care even begins.

USC Schaeffer / STAT News, Oct 2025

Prior authorization burden

53M

Prior authorization requests submitted to MA insurers in 2024. 7.7% were denied — and 29% of physicians say PA has directly caused a serious adverse event for a patient.

KFF / AMA, 2024–2025

Billing errors & incorrect denials

18%

Payment requests denied by MA plans met standard Medicare coverage rules. Network changes mid-year, AI-driven coverage cutoffs, and billing system errors are routine friction points.

HHS Inspector General / SavingAdvice, 2026

Coverage confusion

1 in 3

Medicare enrollees don't fully understand their coverage options — leading to gaps in care, unused benefits, and costly coverage mistakes.

SeniorLiving.org AEP Survey, 2025

Approvals that shouldn't be denied

13%

Prior authorization denials in MA would have been approved under traditional Medicare. Seniors in private plans face clinical barriers their counterparts in original Medicare do not.

HHS Inspector General, 2022

Friction isn't one thing. It's the accumulation of 48 confusing plan choices, a denial letter, a billing error, a doctor who left the network, and a 2-hour drive — all before a senior gets the care they've already paid for.



Sources: USC Schaeffer / STAT News, Medicare Plan Choice Study (Oct 2025); SeniorLiving.org, Medicare AEP Annual Report (2025); KFF, Medicare Advantage Prior Authorization Data (2024); AMA, Improving Seniors' Timely Access to Care Act (2025); HHS Inspector General, Medicare Advantage Denials Report (2022); JAMA Network Open, Willingness to Travel for Care (2026)

MA DISRUPTION

2026 Brought Sharp Medicare Advantage Plan Disruption

Enrollment growth is now paired with market instability and plan exits, creating a new anxiety for beneficiaries who valued continuity above all else.

10%

Forced Disenrollment

Up from just 1% during 2018–2024

2.9M

Enrollees Affected

Expected to switch plans in 2026

POPULATIONS MOST AT RISK FOR DISRUPTION

PPO Plan Enrollees

Small Carriers

Lower Star-Rated Plans

Rural Areas

32

Avg. Medicare Advantage plans available per beneficiary in 2026

Down from a peak of 36 in 2024 — choice is narrowing alongside access

IMPLICATION

Stability is becoming a more powerful value proposition than expanded benefits alone.



Despite Instability, Medicare Advantage Remains Central

Even amid plan exits and forced disenrollment, overall MA enrollment grew — and the program remains the dominant coverage choice for seniors.

35M+

Total MA Enrollees

As of Feb 2026, up 1.1M year-over-year

54%

of Medicare-Eligible Seniors

Enrolled in MA — majority for first time in program history

\$14

Avg. Monthly MA Premium

Down from \$16.40 in 2025; 59% of plans carry \$0 premiums

+23%

Special Needs Plan Growth

SNPs drove 83% of all 2026 MA enrollment gains

THE GOOD NEWS



Enrollment grew despite insurer projections of a decline — defying industry expectations for the first time in recent memory.
KFF, Feb 2026



Smaller insurers are thriving: 75%+ of small MA plans that operated in both years grew enrollment — the market isn't consolidating, it's diversifying.
KFF, Feb 2026



98.9% of beneficiaries in terminated plans have at least one new MA-PD option — and 68.7% can re-enroll with the same insurer.
KFF, March 2026

Benefits Breadth Holds



Virtually all 2026 MA plans still offer dental, vision, and hearing. The average beneficiary has 32 plans to choose from — more than any year before 2022.

CMS / KFF, 2026

Value Remains the Draw



59% of MA plans carry \$0 premiums. Average monthly premium dropped to \$14 — a meaningful advantage over traditional Medicare for fixed-income seniors.

CMS, 2026



A glowing red chronograph watch is the central focus, splashing in water. The watch has a dark dial with three sub-dials and a date window, and a red bezel. The background is a dark, rainy scene with vertical streaks of light, suggesting a futuristic or high-tech environment. The overall color palette is dominated by reds, blues, and blacks.

What Comes Next

Hybrid care, digital health, AI adoption, the caregiver crisis, and why home is where the opportunity lives.

Hybrid Care Is the Friction Solution — Not a Trend to Adopt

Seniors will travel 128 minutes to see a specialist. Virtual removes that burden. The question isn't whether to offer hybrid — it's whether your model is good enough.

15%

of original Medicare beneficiaries used telehealth in H1 2025

Primarily for chronic condition monitoring — 2x the pre-pandemic rate

75%

of adults 50+ used telehealth at least once in the past year

9 in 10 said they were satisfied or very satisfied with the experience

2027

Medicare telehealth flexibilities extended through year-end

Home-based telehealth locked in — the policy floor is set for brands to build on

#1

use case for telehealth

Works Best for Chronic Care

Virtual works for ongoing conditions — not first visits. It earns its place by cutting repeat-visit burden, not replacing the PCP.

Brown University / AARP, 2025

9 in 10

satisfied with telehealth

Satisfaction Is High — When the PCP Is Known

Seniors aren't resistant to virtual care. They're resistant to starting a relationship through a screen.

AARP Poll, Jan 2024

43-day

telehealth lapse in 2025

MA Fills the Gap When Policy Wobbles

When a government shutdown temporarily disrupted Medicare telehealth, MA plans' supplemental benefits held—making virtual care a genuine plan differentiator.

AMA / HHS, 2026

THE MODEL THAT WINS

Reduces travel — follow-ups virtual, first visits in-person

Extends the PCP relationship — doesn't replace it

Builds in MA — where supplemental telehealth survives policy gaps

Hybrid isn't a feature. It's the delivery architecture. Brands that lead with friction-first design earn loyalty from 35M+ MA seniors.



TECHNOLOGY

Seniors & Digital Health: Adoption Is Real, But the Doctor Is Still the Gateway

Across wearables, health apps, and AI tools — physician endorsement remains the single most powerful adoption lever for seniors.



WEARABLES & HEALTH APPS

32%

of adults 65+ use digital health tracking
vs. 80%+ of those under 35 — but engagement grows when tied to a specific health goal

Lumina Intelligence, 2025

30%

of adults 65+ use wearable health devices
Fall detection and heart monitoring are the primary drivers of adoption in this cohort

PatentPC / HINTS, 2025

78%

of wearable users open to sharing data with their doctor
But only 27% actually do — a significant gap brands can help close

JMIR / U of Illinois, 2025



THE PHYSICIAN GATEWAY

THE PATTERN

Across every digital health category, seniors' #1 adoption trigger is the same: **a doctor recommending it.**

When a clinician recommends a tool, seniors use it. When a brand advertises it, they don't.

30% of digital health non-users say a doctor prescribing it would prompt them to try a tool *MERGE / eMarketer, 2025*

29% would try a digital health tool if their insurance plan provided it free *MERGE / eMarketer, 2025*

Brands win when they build **physician-facing tools and co-marketing programs** — not just patient-facing ads.



Sources: Lumina Intelligence / NutraIngredients, Health & Fitness Tech Report (2025); PatentPC / HINTS National Survey (2025); JMIR / U of Illinois Chicago, Wearable Data Sharing Study (Feb 2025); RAND American Life Panel, GLP-1 Use Survey (Apr–May 2025); JAMA / Fox News, GLP-1 Discontinuation in Seniors (Jan 2025); Obesity Journal, Senior Obesity Prevalence (2025); MERGE / eMarketer, The Health Revolution: Empowered by Your Experience (Oct 2025)

AI in Healthcare: Rising Use, But Seniors Proceed With Caution

Seniors are engaging with AI health tools — but trust remains tethered to their physician, not the technology.

43%

of seniors 65+ using AI for health purposes have used it to research before visiting a doctor

Up from near-zero just 3 years ago

46%

of adults 50+ have little or no trust in AI

For health information — without a clinician's endorsement

37%

of adults 50+ expect AI to be useful in healthcare

Rising openness — especially for health monitoring and independence

Use AI for health info

14%

of adults 50+ have used AI for health information — an emerging but real behavior

U of M / AARP, Feb 2025

AI for independence

65%

of older adults say AI health monitoring could help them live more independently

AARP, 2025

THE TRUST GAP

Seniors engage with AI for health information, but **trust remains anchored in their physician**. Clinician endorsement is the most effective bridge to AI adoption in this cohort.

92% of adults 50+ want to know if information comes from AI or a human · U of M / AARP, 2025

Benefits outweigh risks

51%

of older adults say AI's benefits outweigh potential risks — openness is growing

AARP, 2025

Confident they can learn

54%

of adults 50+ feel confident adapting to new technologies, including AI tools

AARP, 2025

Brands that position AI as a **physician-backed assistant** — not a replacement — are best positioned to earn senior trust.



TECHNOLOGY

GLP-1s & The Senior Patient: A Major Emerging Market

40% of seniors are obese — making them the highest-need GLP-1 population. Access, cost, and muscle loss are the critical barriers.

40%

Obesity rate among adults 65+

Making seniors one of the highest-need GLP-1 populations — and a major emerging market. GLP-1s now FDA-approved for obesity, heart disease, kidney protection, and sleep apnea.

Journal of Obesity, 2025

~12%

of U.S. adults currently using a GLP-1

Highest use is among women 50–64. Among 65+, men slightly outpace women — likely because Medicare already covers GLP-1s for diabetes, while obesity coverage is limited.

RAND American Life Panel, Apr–May 2025

65%

of seniors without diabetes stop GLP-1s within a year

Cost and side effects are primary drivers. Medicare Part D coverage expansion starting mid-2026 (BMI 27+ with CVD or prediabetes) could meaningfully shift discontinuation rates.

JAMA Network Open, Jan 2025

Medicare coverage expansion in mid-2026 will unlock GLP-1 access for millions of eligible seniors. Brands building GLP-1 companion programs — monitoring, nutrition, adherence support — are entering at exactly the right moment.



Sources: Journal of Obesity, Senior Obesity Prevalence (2025); RAND American Life Panel, GLP-1 Use Survey (Apr–May 2025); JAMA Network Open, GLP-1 Discontinuation in Seniors (Jan 2025); AAMC, GLP-1s and Older Adults (Dec 2025); CMS, Medicare GLP-1 Coverage Expansion (2026)



CAREGIVING

Higher Value Placed on Professional Care Providers as Family Caregiver Numbers Dwindle



+79%

Growth in adults over 80 by 2030

+1%

Growth in the 45–64 caregiver-age cohort over the same period

By 2040, just 3 traditional caregivers (ages 45–64) will exist per person over 80 — down from 6:1 today.

Population Reference Bureau, 2025

Family caregivers helping older adults grew from 18M to 24M (2011–2022) — but this growth won't keep pace as the 85+ population is expected to triple by 2050.

Health Affairs, 2025

Geriatric clinician supply grew 5% in 2024 — a positive signal, but PCP supply has declined since 2012, with demand set to accelerate as all Baby Boomers reach Medicare age by 2030.

Milbank Fund / AHR Senior Report, 2025

Without proactive investment in integrated care capacity, the gap between seniors needing care and the workforce available to deliver it will become a systemic crisis by the end of the decade.



AGING IN PLACE

Seniors Want to Stay Home — But the System Isn't Built to Support Them

The preference is overwhelming and consistent. The infrastructure — housing, technology, healthcare delivery — hasn't caught up.

75%

of adults 50+ want to stay in their current home as long as possible

Preference has been consistent for over a decade

44%

expect a move will be necessary — many feel stuck

71% cite rent/mortgage cost as the barrier

50%

don't believe their community will meet their future needs

Healthcare access and housing are the top gaps

43%

say their home would need modifications to be safe as they age

Grab bars, stair lifts, wider doorways — most haven't started

Housing Mobility Has Stalled

61% of Boomers say they never plan to sell their home. Many who want to move can't afford to — trapped by high mortgage rates, low inventory, and unaffordable alternatives. This isn't just a preference; it's economic reality.

Clever Offers, 2025; AARP, 2024

Tech Is the Infrastructure They Need

64% want a medical alert system. 44% want smart home security. 43% want smart home devices. 76% say reliable broadband is essential to age independently.

The home is already the care setting — it just needs the right tools.

AARP Home & Community Survey, 2024

A \$364B Market Growing at 8.5% a Year

The home healthcare market hits \$364B in 2026 and is projected to reach \$546B by 2031. Elderly users represent 45% of smart home healthcare demand. The market opportunity is not future-state — it's happening now.

Mordor Intelligence, March 2026

THE OPPORTUNITY

Meet seniors where they are: at home.

Brands that build proactively for home-based care — remote monitoring, virtual follow-ups, app-enabled services — will be positioned as essential infrastructure, not optional add-ons.

The window to lead is now. Demand is accelerating and supply hasn't caught up.



Sources: AARP Home & Community Preferences Survey (Dec 2024); Clever Offers, Boomer Homeownership Study (2025); Mordor Intelligence, Home Healthcare Market Report (March 2026); AARP Livable Communities Research (2024)

What This Means for Your Brand

5 strategic implications for healthcare marketers



01

Make Friction Your Competitive Advantage

Audit every touchpoint for unnecessary burden. Brands that reduce steps and simplify the care journey will win loyalty that benefits alone cannot buy.



02

Make Clinicians Your Marketing Channel

Stop marketing to seniors in isolation. Build programs and content that arm physicians to recommend you — trust flows through the doctor.



03

Build for the Caregiver Crisis Now

The caregiver ratio collapses from 6:1 to 3:1 by 2040. Invest in remote monitoring and at-home infrastructure before the gap becomes a crisis.



04

Lead with Stability, Not Just Value

With 2.9M seniors facing forced disenrollment in 2026, continuity now outranks benefits in the senior value equation. Make reliability your message.



05

Treat Hybrid Care as Table Stakes

25% of Medicare users already use telehealth. The question isn't adoption — it's whether your experience is seamless enough to keep them.





rainstorm
direct