cardiovascular LOGISTICS

The 2026 Outlook for Cardiology:

A Year of Transformation and Opportunity

Introduction

Cardiovascular disease continues to impose a staggering burden across the U.S., claiming more lives than all cancers and accidental deaths combined, according to the American Heart Association's 2025 Heart Disease and Stroke Statistics. While there are positive trends around cholesterol and tobacco use, the prevalence of cardiovascular disease is expected to rise as the population ages and chronic conditions intensify.

Heading into 2026, cardiovascular professionals are tackling these challenges amid some transformative industry changes. Regulatory shifts, technological innovation, staffing shortages, and evolving patient expectations will reshape how and where cardiovascular care is delivered. These will present unprecedented challenges, alongside new opportunities for practices that can adapt.

This guide provides an outlook on the cardiology field for 2026 from the perspective of the expert team at Cardiovascular Logistics (CVL). It outlines key clinical, operational, and economic trends and explores how cardiovascular platforms help practices stay ahead in a changing landscape.

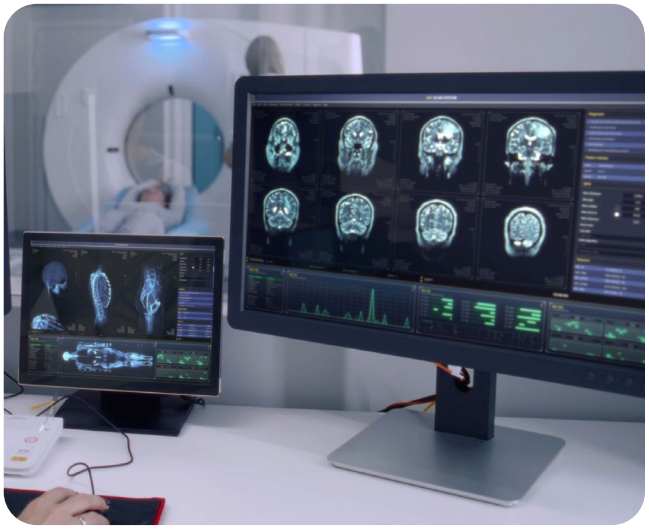
How 2026 Will Reset the Cardiovascular Care Model

The defining change in 2026 is the addition of 500 procedures to the Centers for Medicare & Medicaid Services (CMS) covered procedure list for ambulatory surgery centers (ASCs). Cardiology-specific additions include atrial fibrillation ablation, other electrophysiology (EP) catheter ablations, and complex percutaneous coronary intervention (PCI) procedures with drug-eluting stents. These services, long restricted to hospital outpatient departments, can now be performed in ASCs when clinically appropriate and supported by adequate infrastructure.

While some office-based lab (OBL) procedures will still receive favorable reimbursement, ASCs are poised to dominate cardiology outpatient care, and OBL economics are likely to tighten. Declining margins, increasing regulatory scrutiny, and the rising costs of imaging and procedural technologies raise questions about the long-term viability of smaller, standalone labs. The shift mirrors earlier trends in other procedural specialties, where reimbursement reform ultimately consolidated care into larger, better-resourced outpatient centers.

For patients, the shift to the ASC setting can improve access, shorten wait times, reduce recovery times, and potentially lower out-of-pocket costs. For practices, it introduces both competitive pressure and strategic opportunity. Groups that can invest early in ASC capability through partnerships, joint ventures, or platform-supported expansion will benefit from volume growth and payer preference. Those who delay may struggle to compete with the resources and leverage of larger systems and consolidated networks.

New Technologies Will Transform Cardiology Modalities



In 2025, the cardiology industry began moving decisively toward new technology, including AI-enabled diagnostics, advanced imaging tools, and remote monitoring solutions. In 2026, when used strategically, these developments can deliver meaningful clinical impact.

As cardiology increasingly emphasizes prevention and the management of chronic conditions, technology is a key player. Coronary CTA, enhanced by AI-driven plaque analysis, is already enabling cardiologists to detect disease earlier and evaluate plaque composition. The ability to track the atherosclerotic process over time, paired with insights from genetic markers and inflammatory indicators, opens the door to truly personalized prevention regimens.

Other modalities, such as ultrasound and echocardiography, will likely follow suit, relying on AI to enhance image interpretation, improve workflow speed, and support earlier therapeutic interventions.

CVL's team is also closely monitoring remote and virtual cardiology, including mobile cardiac telemetry and data integration from wearable cardiac devices. As CMS continues to expand the use of remote patient monitoring (RPM) billing codes, these programs are becoming central to cardiology practices.

CVL's own RPM programs demonstrate the clinical impact of sustained virtual oversight. Patients enrolled for six months experienced an average 22 mmHg reduction in systolic blood pressure, comparable to taking multiple medications in a traditional care setting. As cardiologists face rising patient volumes, limited physician availability, and tightening reimbursement, we'll likely see increased use of single, centralized services that allow teams to standardize the quality of remote care and use staff and equipment more efficiently around the clock.

Structural heart is also seeing the effect of innovative technologies. Advances in mitral valve technologies and therapies are the first steps in a significant evolution in structural heart procedures over the next few years. The reduction in facility fees suggests we'll see a push to perform these procedures in the ASC setting as early as 2027. Practices need to be thinking now about the right equipment, staff training, and operational models to succeed in this new environment.

While technologies are broadening the range of cardiac interventions, the federal government's efforts to reduce pharmaceutical costs could also dramatically increase access to life-changing medications such as GLP-1 therapies. We're starting to see how these drugs have the potential to reduce cardiovascular risk factors at the population level, with downstream implications for disease progression and even the demand for certain procedures.

Cardiology Practice Operations Will Get Smarter

All of these changes we're seeing now, including rising patient volumes, staffing shortages, shifting care sites, and reimbursement reductions, mean that cardiology practice management will become more complicated in 2026. Meanwhile, the 2.5% efficiency adjustment to work relative value units (RVUs) sends a clear message that cardiologists and cardiology practices need to become more efficient.

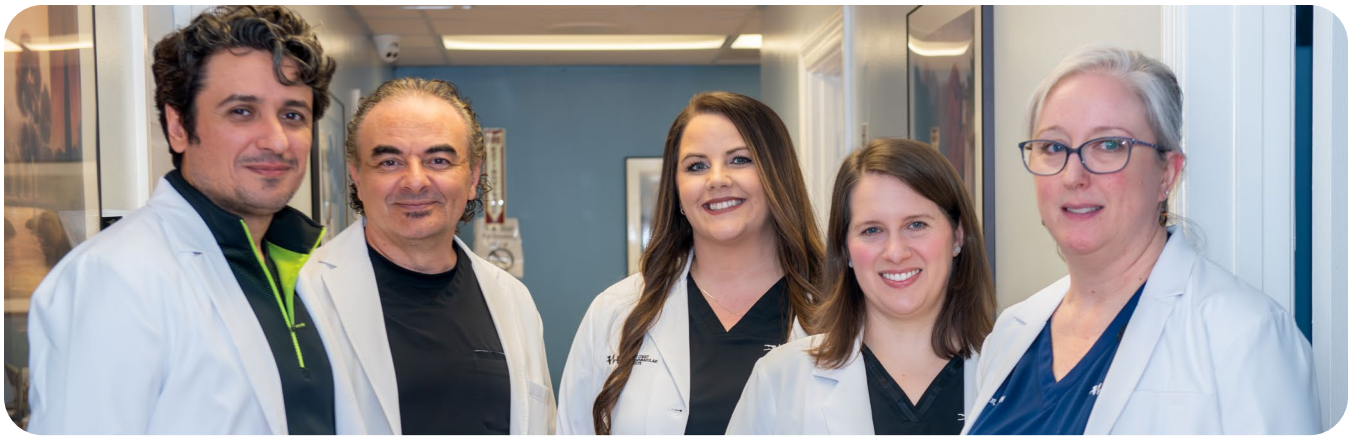
Beyond clinical workflows, financial performance will also depend on tighter revenue cycle management. CVL's Revenue Cycle Management Practice Enhancement Council (RCM PEC) helps practices collaborate across the platform to resolve claim denial patterns, optimize coding for new CPT codes, and configure electronic health record (EHR) systems for efficient billing. These peer-driven solutions can have a significant impact on practice-level margins, especially as reimbursement pressure mounts.

To meet these demands, practices are looking to operational technologies that can lift some of the administrative burden and streamline processes. Tools that manage call center operations, field problems, handle referrals, and make appointments already exist. Many providers are using automatic transcription and summaries for their meetings. New EHR functionality means that automation for capturing the medical record, creating charts, filing records in the right location, and issuing any messages that arise is on the horizon.

Workflow optimization is evolving across the CVL platform. Affiliate practices are piloting AI-powered phone systems that simulate human interaction while efficiently handling scheduling and triage. Other AI tools generate visit summaries and provide preliminary diagnostic test readings. These enhancements give physicians more time with patients and reduce reliance on costly support staff.

In 2026, the key issue for operations technology won't be gaining access to useful tools but rather setting the strategy and policy that ensure practices prioritize their effectiveness. This means moving away from simply "bolting on" different tools on an ad hoc basis and instead deploying only those solutions that will make the biggest difference for cardiology professionals. Practices that embrace this challenge and invest in integrated technologies and disciplined strategy will position themselves for success in an increasingly complex landscape.

As patients become more digitally savvy and cost-conscious, expectations around access and service are rising. CVL's Operations PEC monitors patient satisfaction metrics across partner practices—such as wait times, referral efficiency, and follow-up responsiveness—and facilitates knowledge sharing to help all locations meet or exceed performance benchmarks. Programs like Transitional Care Management (TCM) are being used to improve outcomes and satisfaction by ensuring faster, more coordinated care after hospital discharge.



Labor Remains the Big Question

The advances in clinical and operational technology will make a huge difference to cardiology practices, but technology won't solve the sector's biggest challenge.

The labor and retention crisis will continue to define healthcare strategy through 2026. The U.S. Bureau of Labor Statistics anticipates 5% job growth in cardiology by 2033, reflecting steady demand growth. But this pace won't keep up with rising patient needs, with a national shortage of up to 8,650 cardiologists predicted by 2037. The shortage is compounded by the fact that cardiology has the oldest average physician age of any medical specialty at 59, and by burnout, training bottlenecks, and geographic disparities.

As competition for clinical talent intensifies, cardiology practices must adopt more proactive recruitment strategies. Pipeline development is becoming a top priority. This includes building long-term relationships with fellowship programs, engaging physicians earlier in their training, and creating structured opportunities for growth and mentorship. Practices building their pipelines today will be better equipped to weather shortages in the years ahead.

For retention, the primary goal is combating burnout, as candidates emphasize they want better work-life balance and less time spent on non-physician administrative tasks, such as prior authorizations and medication refills. Practices that can offer clinicians a balanced workload, access to advanced tools, opportunities for professional growth, and relief from administrative burden will be better positioned to attract and retain top talent.

Cardiovascular platforms offer a solution to these workforce pressures. By providing access to shared resources, advanced technology, clinical and operational support, platforms enable cardiologists to practice advanced, evidence-based medicine while avoiding the bureaucracy of hospital employment. Platforms also provide the capital and scale needed to invest in specialized clinics, urgent care access, and technology-driven service lines that keep physicians engaged and allow them to practice at the top of their license.

As labor shortages persist into 2026, practices that partner with a national platform will be better positioned to recruit, retain, and empower the next generation of cardiologists.

The Platform Model Will Expand in a Transformed Cardiology Landscape

Amid this massive industry transformation, the national cardiovascular platform model is a compelling option thanks to the ability to generate scale and a collective strength that gives greater leverage in contract negotiations.

Beyond financial advantages, the platform model also addresses the physician shortage by offering a more appealing alternative to traditional hospital employment. Physicians can retain autonomy and decision-making power without the crushing administrative burdens found in other systems. It's also a way to foster physician networks for mentorship and support, which physicians are actively seeking.

Platform collaboration also enables faster, more confident expansion into new subspecialties. For example, CVL partner practices have successfully launched Cardiac Access Clinics for urgent same-day care, and Vein & Leg Centers offering nonsurgical vascular treatment. By sharing proven models and startup processes across the platform, practices can expand services more efficiently and meet localized patient needs without starting from scratch.

Access to innovation is another key differentiator. CVL continually invests in technologies that improve diagnosis and treatment, such as PET/CT scanners, RPM tools, and AI-supported imaging. Nearly all CVL practices offer coronary CTA in-office, with many pairing it with plaque analysis, and PET/CT is becoming standard across the platform. These capabilities are out of reach for most independent groups but become feasible through shared capital and staffing support at scale.

The power of this unified approach is already translating into measurable improvements in clinical outcomes and operational efficiency, allowing practices to thrive and shaping the future of cardiology.

Discover Why Leading Practices are Joining CVL

Premier cardiology practices are responding to this volatile landscape by joining the CVL platform, turning transformative change into new opportunities.

They recognize the value of teaming up with like-minded physicians who are equally committed to advancing cardiovascular care and eager to shape the future of this field. And they welcome greater access to capital and expertise to invest in new clinical and practice management technologies, as well as the ability to share best practices and innovative ideas across the organization.

Contact our team to learn how partnering with CVL can help you provide the highest quality care and continue to thrive in a challenging market.

FAQ: Key Insights from the 2026 Cardiology Outlook

Q: What is the biggest policy change affecting cardiology practices in 2026?

A: The most significant change is the Centers for Medicare & Medicaid Services (CMS) adding 550 procedures to the ambulatory surgery center (ASC) covered procedure list. They include high-impact cardiovascular procedures like atrial fibrillation ablations and complex PCI. The expansion enables more cardiology cases to move from hospital outpatient departments into ASCs, reshaping reimbursement, workflow models, and competitive dynamics.

Q: How will CMS's ASC procedure expansion impact office-based labs (OBLs) in cardiology?

A: OBLs will face tightening margins, increased regulatory scrutiny, and rising equipment costs. As more procedures migrate to ASCs, the long-term financial sustainability of smaller standalone labs becomes uncertain, mirroring earlier consolidation trends in other procedural specialties.

Q: What new technologies are expected to transform cardiology in 2026?

A: Innovations transforming cardiology in 2026 include AI-enhanced coronary CTA, AI-assisted interpretation for ultrasound and echocardiography, and expanded use of remote patient monitoring (RPM). These tools support earlier diagnosis, faster workflows, and personalized treatment planning, especially for chronic disease management.

Q: How is virtual and remote cardiology evolving?

A: Growth in remote monitoring, including mobile cardiac telemetry and wearable device integration, is accelerating. In the RPM program at Cardiovascular Logistics (CVL), patients monitored for six months saw a 22 mmHg drop in systolic blood pressure, demonstrating the clinical value of continuous virtual oversight. CMS reimbursement from RPM codes will further drive adoption.

Q: What developments are emerging in structural heart care?

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Q: How will cardiology practice operations change in 2026?

A: Cardiology operations will become more complex in 2026 due to staffing shortages, shifting care sites, higher patient volumes, and the 2.5% work RVU efficiency adjustment. Practices will increasingly rely on technologies that automate documentation, referrals, call centers, scheduling, and EHR workflows.

FAQ: Key Insights from the 2026 Cardiology Outlook (continued)

Q: What is the outlook for the cardiology workforce and recruitment?

A: The cardiology workforce shortage will continue in 2026. Demand for cardiovascular care is growing at a rate that outpaces physician supply, and cardiology remains the medical specialty with the oldest average age (59 years). Burnout, training bottlenecks, and rural shortages intensify the challenge, making recruitment highly competitive, especially for early-career physicians and APPs.

Q: What strategies are essential for cardiology recruitment and retention?

A: Proactive pipeline development, long-term relationship building with program directors, and reducing administrative burden are critical for cardiology recruitment and retention. Clinicians increasingly prioritize work-life balance, manageable caseloads, opportunities for growth, and relief from tasks like prior authorizations and medication refills.

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Q: Why is the cardiology platform model gaining momentum?

A: National cardiovascular platforms provide scale, financial strength, shared resources, and better leverage in payer negotiations, making them an appealing alternative to hospital employment. Platform models preserve physician autonomy while supplying operational and administrative support, improving both clinical outcomes and efficiency.

Q: Why are leading cardiology practices choosing to join Cardiovascular Logistics (CVL)?

A: Leading cardiology groups see CVL as a strategic partner that helps them navigate rising complexity, adopt new technologies, invest in ASCs, and relieve administrative burdens. CVL offers shared expertise, capital, operational infrastructure, and a collaborative network of like-minded physicians committed to advancing cardiovascular care.