

Insights from a National Series of Healthcare Design Panels

Based on Kimball International's Key Trends Redefining Healing Spaces

What 28 Healthcare System and Design Leaders Across Eight U.S. Markets Are Seeing Next and What It Means for the Built Environment



Executive Summary

Between October 2025 and August 2026, Kimball International held a series of eight panel discussions, nationwide, to bring together leaders from nine healthcare systems and 15 architecture and design firms. Hosted in Dallas, Chicago, Boston, New York City, Washington, D.C., Atlanta, Phoenix, and at the 2025 Healthcare Design Conference in Kansas City, the discussions were grounded in trends identified in Kimball International's Healthcare Trend Report, Key Trends Redefining Healing Spaces. While each market brought its own context and challenges, the conversations revealed a striking level of alignment: healthcare is becoming more integrated, more distributed, and more human, and the built environment must evolve accordingly.

Across regions and roles, panelists consistently returned to five themes reshaping healthcare environments today:

- A shift from episodic, symptom-based care toward whole-person wellness
- The expansion of care beyond traditional clinical walls into homes, communities, and everyday settings
- The growing role of emotionally intelligent design in safety, resilience, and staff well-being
- The importance of flexibility and dignity as foundational, not aspirational, design principles
- The need for coherence across increasingly diverse care settings and scales

This white paper synthesizes those shared insights into five key trends that represent a national, practice-informed view. It highlights the types of environments healthcare leaders are prioritizing and the qualities solution partners must bring to effectively support them.

Seeing the Full Patient Picture

From symptom-based treatment to whole-person care

A consistent theme across all seven panels was the shift away from episodic, symptom-based care toward a more holistic understanding of health. Healthcare environments are increasingly expected to support mental, emotional, social, and environmental well-being, often within the same footprint as clinical treatment. This is not a future aspiration; it is a current design mandate.

Panelists noted that behavioral health can no longer be planned as a siloed function. It is being integrated into primary care, outpatient clinics, and community-based settings. This challenges traditional assumptions about adjacencies and patient flow, while creating sustained demand for environments that are adaptable, calming, and respectful of patient dignity.

“Behavioral health is no longer separate from everything else we do. It has become central to how healthcare environments are planned.”

*Gerard Smith, Director of Planning, Design & Construction,
Children's Healthcare of Atlanta*

Design leaders also emphasized that accessibility alone does not fully address how people experience healthcare spaces, particularly in high-stress or high-acuity situations. Environments must offer choice, flexibility, and varied sensory conditions to better support patients and staff.

“Universal design alone doesn’t fully address how differently people process space. Neurodiverse design means creating multiple sensory environments so people can self-regulate.”

Amy E.C. Sickeler, Principal, Healthcare, Perkins&Will

The implications extend to the full range of design decisions: lighting levels and controls, acoustic management, material texture, spatial sequencing, and access to natural elements. Panelists consistently noted that environments conceived as “neuroinclusive” from the outset (rather than adapted after the fact) produce better outcomes for a broader population of users.

“Healthcare systems used to be places of sickness. Now they are places of wellness, and sustainability has to be part of that thinking from the start.”

Julie Frazier, Healthcare Planning Principal, Perkins&Will

Design Implications

- Replace traditional waiting rooms with flexible spaces that support learning, consultation, or social connection
- Prioritize privacy without isolation by using acoustics, sightlines, and spatial layout to create appropriate enclosure
- Design multiple sensory environments within a single footprint, allowing users to self-select based on need
- Integrate behavioral health adjacencies into primary care and outpatient settings from the earliest programming stages



Connecting Health & Home

Spaces that meet people where they are,
providing care without walls

Panelists across markets highlighted the accelerating shift of care into homes, neighborhoods, and everyday settings. Enabled by virtual care platforms, hospital-at-home models, and value-based reimbursement structures, healthcare is expanding into environments that require a fundamentally different balance of clinical rigor and residential comfort.

“The most important healthcare destination of the future may be home. Our challenge is creating the systems, technology, and experiences that bring care directly to where people want to live, age, and heal.”

Jennifer Wilczynski, Associate Principal & Studio Leader, Grace Design

As care becomes more distributed, expectations for healthcare interiors are changing in kind. Spaces must feel intuitive, dignified, and familiar to the people who use them while still supporting infection control, technology integration, and frequent reconfiguration. The residential aesthetic is no longer a stylistic choice; it is a functional response to where care is actually happening.

“We’re not just designing clinical spaces anymore. We’re designing environments that support daily life, dignity, and aging in place.”

Danielle Buckley, Principal, Isgenuity

Several panelists noted that virtual care’s expansion has created a new design challenge: the clinical encounter that begins in a patient’s home now feeds back into how facilities are planned. Designers are being asked to consider the home as a health platform. Then to create physical spaces that can integrate seamlessly with what happens there.

“We read the project’s guiding principles at the beginning of every meeting. Over time, they became more than words. They became a filter for every decision, keeping us focused on how we wanted patients to feel throughout their experience.”

Scott Steffes, Senior Interior Designer & Associate, Shepley Bulfinch

Design Implications

- Furnishings and environments must deliver clinical durability with residential warmth, as these are not competing values
- Technology integration should be invisible, intuitive, and flexible enough to accommodate rapid evolution in care delivery tools
- Spaces must anticipate questions of privacy, data access, and adaptability as hybrid care models mature
- Design frameworks should scale consistently from flagship facilities to residential-adjacent or community settings



New Types of Learning Spaces

Healthcare facilities as centers for education, prevention, and community empowerment

Education is emerging as a central function of healthcare environments. Panelists described hospitals and clinics evolving into places for learning, prevention, and empowerment. They go beyond serving patients and families, and extend to clinical staff, trainees, and surrounding communities. The physical environment is central to whether these programs succeed.

“Hospitals are becoming places where people learn how to care for themselves, not just places where treatment happens.”

Angela Tambini, Executive Director of Cancer Services, Lahey Medical Center

Teaching kitchens, simulation suites, wellness classrooms, and community education centers are appearing across care settings. These are seen as more than amenities. They are operational infrastructure. Panelists consistently noted that these spaces must multitask: supporting patient education one hour, staff simulation the next, and community programming the same evening.

“Conference rooms that convert into teaching kitchens and simulation spaces allow patients and families to build confidence before they ever leave the building.”

Danielle Buckley, Principal, Isgenuity

The design challenge is not simply flexibility. It’s anticipating the full range of users, learning modalities, and technology requirements that these environments must support over time. Spaces that feel static or institutional work against the educational mission they are intended to serve.

“Multifunction spaces are essential for learning, respite, and communication because healthcare requires all of those to happen in the same footprint.”

Julie Frazier, Healthcare Planning Principal, Perkins&Will

Design Implications

- Design for multifunctionality from the programming stage; specify furniture systems and layouts that support rapid conversion between uses
- Prioritize hands-on, experiential learning environments like teaching kitchens, simulation rooms, and demonstration spaces
- Extend the definition of learner beyond patients to include caregivers, staff, and community members
- Ensure technology infrastructure (power, connectivity, AV) is embedded and scalable without requiring major renovation



From Mega-Districts to Micro-Clinics

Maintaining coherence across all platforms, spaces, and scales

Healthcare growth is occurring at both ends of the scale simultaneously. Large integrated campuses are expanding to include community and wellness services, research, and education. At the same time, care is moving into highly localized settings like retail clinics, workplace health suites, and neighborhood-embedded micro-clinics. Managing coherence across this range, without imposing uniformity, is one of the central design and operational challenges of this moment.

“Micro-clinics have to feel credible, private, and connected to the larger health system, even when they’re embedded in everyday settings.”

Elizabeth Sullivan, Regional Healthcare Leader, HOK

Across both models, panelists emphasized the value of repeatable design strategies that allow health systems to move efficiently without sacrificing quality or brand integrity. Modular components, standardized furnishing frameworks, and scalable solutions are not simply convenient; they are increasingly essential to sustainable growth.

“Modular design gives us flexibility, but it’s also how we maximize long-term value in uncertain reimbursement and policy environments.”

Todd Cohen, Vice President of Facilities, Adventist HealthCare

Panelists also reflected on the community dimension of healthcare expansion. They noted that when facilities are thoughtfully integrated into their surroundings, the benefits extend beyond the clinic walls.

“The most valuable feedback didn’t come from inside the hospital. It came from the neighbors. They wanted something that felt less like a hospital and more like a community asset. They wanted a place with parks, connection, and a sense of belonging.”

Gene Halona, Interior Designer, U.S. Department of Veteran Affairs

Design Implications

- Develop repeatable design frameworks that maintain brand and quality standards while remaining responsive to local context
- Leverage modular and standardized components to accelerate deployment across distributed care settings
- Design for fast deployment without sacrificing long-term adaptability; future changes in care models or reimbursement should not require full renovations
- Treat community integration as a design goal, not an afterthought; site selection, massing, and interior character all contribute to how a facility is received



Design for Safety of Body & Mind

Safety, resilience, and dignity as foundational design principles

Safety remains one of the most urgent concerns shaping healthcare environments today. But panelists defined safety far more broadly than physical security or infection control. It encompasses emotional well-being, staff resilience, and the prevention of trauma exposure. Rising workplace violence, burnout, and the cumulative effects of working in high-acuity environments have reshaped design conversations in every market the panel visited.

“Healthcare providers experience trauma too. Access to daylight, fresh air, and real respite spaces is essential for resilience and retention.”

Amy E.C. Sickeler, Principal, Healthcare, Perkins&Will

Participants stressed that safety strategies must be embedded thoughtfully and also designed to protect without institutionalizing the environment or signaling distrust. The most effective approaches are those that manage risk while preserving the human qualities that make healthcare spaces healing rather than merely functional.

“Designing for safety doesn’t mean creating barriers. It means protecting dignity while supporting patients and staff.”

Robert Sanz, Partner, Wilmot Sanz Architects

“For many veterans with PTSD, where they sit matters. They need to see the door and know that no one is behind them. Something as simple as seating orientation can influence whether a space feels safe.”

Gene Halona, Interior Designer, U.S. Department of Veteran Affairs

Several panelists noted that staff environments have historically been deprioritized in healthcare design. This pattern is now visibly contributing to burnout and turnover. Genuine respite spaces, access to daylight, and environments that allow brief psychological recovery during a shift are no longer considered amenities. They are retention infrastructure.

“Healthcare environments are evolving beyond service toward hospitality. This helps patients, staff, and communities feel belonging, not stress.”

Trevor Walker, Studio Practice Manager, HKS

Design Implications

- Incorporate genuine staff respite spaces (not just break rooms) with access to daylight, outdoor views, and acoustic separation from clinical areas
- Use intuitive layouts and clear wayfinding to reduce anxiety and cognitive load for both patients and staff
- Design security features to be discreet and effective; visible deterrence is not the same as perceived safety
- Treat staff environments as retention infrastructure, not afterthoughts, as the investment has direct operational returns



What These Trends Mean for Healing Spaces

Across seven cities and dozens of expert voices, one message emerged with clarity: healthcare environments must evolve from fixed containers of care into adaptive platforms for healing, learning, and human connection. The future of healthcare design will not be defined by a single aesthetic or technology, but by a sustained capacity to respond to shifting care models, evolving patient and workforce needs, and the communities that these environments serve.

The five trends identified through this national panel series are not isolated phenomena. They are interconnected expressions of a broader shift toward care that is:

- more integrated across conditions
- more distributed across settings
- more attentive to human beings (patients and providers alike)

For designers, healthcare leaders, and the partners who support them, this shift demands a new kind of engagement. One that is grounded in listening and is capable of translating complex, sometimes competing priorities, into environments that genuinely work today and over time.

This white paper reflects the collective insight of 28 practitioners and leaders who are shaping that future from the front lines. Their perspectives offer not just a record of where healthcare design is headed, but a foundation for the conversations and the environments that come next.

About the Panel Series

Kimball International convened eight total panel discussions to gather insights. Between October 2025 and August 2026, Kimball International hosted their Key Trends Redefining Healing Spaces series in their showroom spaces. In addition to those panels, hosted in Dallas, Chicago, Boston, New York City, Washington, D.C., and Atlanta, Kimball International also had an insightful roundtable discussion at the 2025 Healthcare Design Conference in Kansas City.

Participating Healthcare Systems

- Adventist HealthCare
- Children's Hospital of Atlanta
- Children's Medical Center Dallas
- Hospital for Special Surgery
- Lahey Hospital & Medical Center
- Northwell Health
- UI Health
- University of Chicago Medicine

Participating Architecture & Design Firms

- CannonDesign
- Grace Design
- HDR
- HKS
- HOK
- Isgenuity
- Keller Studio
- Kirksey Architecture
- LBPA
- Perkins&Will
- Pulse
- TPG
- Wilmot Sanz

Panelist quotes are attributed by name and role where permission was granted. Some insights are presented as synthesized observations reflecting consensus across multiple participants and markets.