



HME Business VOICES

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For HME providers, the old model of scaling through added headcount is getting harder to sustain. As payer complexity rises and margins stay tight, the focus is shifting toward automation, operating leverage and smarter end-to-end workflows. In this Voices interview, Doug Brandberg, General Manager at Brightree, shares how providers can reduce order-to-cash friction, redeploy talent to higher-value work, and build a more sustainable operating model for 2026 and beyond.

Editor's note: This interview has been edited for length and clarity.

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Q: HME Business

What core experience gave you the lens you have today on HME operations?

Doug Brandberg: After joining Brightree and Resmed nearly seven years ago, I spent a significant amount of time with customers and industry leaders to understand how HME businesses actually operate. What stood out quickly was how familiar many of the challenges felt. Despite spending much of my career outside of healthcare—having led businesses in financial services, fintech, and telecommunications—I saw the same patterns: complex ecosystems, highly manual workflows, and increasing regulatory and compliance pressure.

In HME, those dynamics are often even more pronounced. What used to be manageable through people and process is becoming harder to sustain as payer complexity increases and margins tighten.

That realization—and the challenge that comes with it—is what drew me in. What’s kept me here is the opportunity to work alongside providers to solve these challenges in a meaningful way. It also shaped the lens I bring to the industry today: how to reduce operational complexity, move away from labor-driven models, and apply automation in a practical way so providers can operate more efficiently and focus more on patient care.

Q: HME Business

As the HME landscape evolves heading into 2026 and beyond, what is fundamentally changing about how providers need to operate to stay competitive?

Brandberg: I think the industry is shifting from labor-driven growth to operating leverage. Providers just can’t keep adding headcount to manage payer complexity, margin pressure and all the operational weight that comes with it. That model is starting to break down.

At the same time, the payer mix is evolving. There’s more Medicare Advantage and more patient financial responsibility, which means providers have to be more effective in collections, documentation and outcomes management. When you layer in rising labor and fulfillment costs, it really forces a transition toward digital workflows and automation across the board. The complexity is not slowing down. If anything, it’s accelerating. So the question is no longer how to keep up with it manually. It’s how to redesign operations so that complexity can be handled systematically, not by simply adding more people.

Ultimately, the providers that succeed will be the ones that embrace technology and hold their partners accountable for delivering solutions that actually execute across the full workflow, from intake through payment, in a cohesive and efficient way.

Q: HME Business

As automation and AI take on a larger role in HME, how should providers think about the role of people and the areas where human talent creates the most value?

Brandberg: This really is one of the most important conversations happening in HME right now. The way I think about it is that it's not about replacing people. It's about redeploying scarce talent to higher-value work.

Automation should take on the simple, repeatable tasks so teams can focus on the work that actually benefits from human judgment, patient engagement, problem-solving and managing more complex situations. In many ways, as the environment becomes more automated, the value of experienced staff actually goes up because they are no longer buried in administrative work.

We hear all the time from providers whose teams have relied on sticky notes, spreadsheets and manual follow-up processes just to keep things moving. When automation is introduced, those roles do not disappear. They evolve. Instead of spending all day chasing documentation, tracking claims or managing repetitive tasks, those same team members can focus on exceptions, patient communication, and the places where human involvement matters most.

There is also a workforce reality that the industry cannot ignore. Many organizations still rely heavily on a handful of key people who know how to hold everything together. They have built up institutional knowledge over years, but that is not a sustainable operating model. When those individuals are out, on vacation or leave the organization, operations slow down and knowledge walks out the door with them.

In an AI and automation-driven future, the role of people becomes even more important, just in a different way. Instead of having humans manage every step, the goal is to have them engaged at the right moments, where experience, context and judgment create the most value.

Q: HME Business

What does sustainable growth actually look like in an HME environment where scale can no longer depend on simply adding more staff?

Brandberg: Sustainable growth has to come from automation and getting more value out of every order, not just adding more people. That means reducing the cost to serve, minimizing manual intake and rework, improving claim success rates and accelerating cash flow. It also means recognizing that revenue is shifting toward more recurring, lifecycle-based models like resupply, rather than one-time transactions. So for providers, sustainable growth is really about scaling both volume and complexity without scaling labor at the same rate.

Doing that takes a much more intentional operational approach. It's a roll-up-your-sleeves moment. Organizations need to look across the full revenue cycle, map their workflows, identify bottlenecks and ask where automation can drive real improvement. They also need to look more closely at their data and use it to guide action.

What I'm hearing from customers and industry leaders is that many are actively looking for thought partners to help answer those questions. How do we reduce administrative time? How do we minimize revenue leakage? How do we improve revenue and productivity without just adding more overhead? That's really the opportunity. The providers that figure this out will create the operating leverage they need, and that gives them the ability to reinvest back into the business at a time when margins are as tight as they are.

Q: HME Business

When you talk to HME providers today, what are they most excited about—or most relieved to see changing—in how they can run the business more efficiently?

Brandberg: What I'm hearing from providers right now is a mix of relief and optimism. Over the last few years, there was a lot of anxiety, and also a lot of excitement, around the buzz of AI. What's changing now is that the conversation is becoming much more practical. Providers are starting to see where automation and AI can actually solve real operational problems.

The biggest relief is getting out of manual workflows. Chasing patients, reentering data, managing spreadsheets and handling repetitive administrative tasks is exhausting, and it is not why most people got into health care in the first place. What providers are realizing is that automation and AI do not reduce service. They can actually enable more high-touch care by removing the administrative burden that gets in the way. That is what many teams are excited about. As more routine work becomes automated, staff can spend more time on hands-on patient needs and higher-value work. In a lot of ways, it helps organizations get back to the reason they started the business in the first place, which is care.

There is also a growing sense of optimism around what is now possible with innovation and technology. Some of what used to feel like hype is becoming real and practical. At the same time, providers also understand that this shift is not just optional anymore. With reimbursement pressure, compliance complexity and changing payer mixes, they know they have to operate differently to succeed.

What's encouraging is that organizations across the industry are leaning into that reality. Large and small providers alike are asking better questions, looking for best practices and trying to understand how to apply the right technology to their specific business. That is what makes this such an important moment.

Q: HME Business

If you could remove one major burden from an HME operator's plate over the next few years, what would it be, and why would that change matter so much?

Brandberg: The biggest burden, by far, is managing the complexity of the entire order-to-cash process manually. That process touches intake, validation, patient qualification, documentation gaps, payer rules, patient outreach and more. And at nearly every step, there is an opportunity for delay, denial, rework or variability that affects both cash flow and the patient experience.

What providers often describe is not one major breakdown, but dozens of smaller inefficiencies that compound over time. A single order may touch multiple people before it is ever submitted. It gets checked, rechecked, sent back for missing information and followed up on again. When you zoom out, that level of fragmentation creates a tremendous amount of operational friction. If that burden is removed, or even significantly reduced, through automation and better orchestration, the impact is huge. Cash flow becomes more predictable, the cost to serve comes down and teams are freed up to focus more on patients instead of processes.

It also changes how the business feels to operate. When everything is manual, teams spend their time reacting. Leadership stays stuck in firefighting mode. What you want instead is an environment where the system handles more of the complexity so people can stay focused on delivering care, driving outcomes and growing the business with more confidence. That is the biggest opportunity ahead.

Q: HME Business

Finish this sentence: “In the world of HME, 2026 will be known as the year of...”

“...Technology transformation.”