

Consumer-Centric Healthcare: 2026 Update

How AI Is Redefining the Healthcare Consumer Experience

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Introduction

In January 2005, we published the first of our continuing series of reports on the evolving role of the consumer in the U.S. healthcare market. The report, titled *The Power of Choice: On the Brink of a Consumer Revolution in Health Care*, provided our expectations for the most significant developments in the healthcare marketplace over the coming years.

More than two decades after publishing our inaugural report, our thesis remains largely intact and continues to unfold rapidly. We believe that a consumer-centric ecosystem is now an integral part of the U.S. healthcare market, and the recent investments and strategic actions by myriad industry leaders—both inside and outside the traditional healthcare landscape—appear to support our view. In this ecosystem, we believe that engaged and empowered consumers, in tandem with disruptive healthcare technology and services providers, remain the key to solving many of healthcare’s woes, particularly the unsustainably high cost and mixed quality of healthcare in the U.S.

Our 2026 report also comes at an interesting time for the sector, as healthcare costs are hitting record levels and as both payers and providers are facing tremendous margin pressure. We also believe innovations in artificial intelligence are set to revolutionize the consumer experience in healthcare—increasing price transparency, predicting care needs in advance, driving consumers to the highest-value providers, shifting the site of care delivery to virtual and home-based venues, and promoting consumer empowerment.

And we believe the largest players in the space are laser focused on this trend, not merely as an investment requirement, but increasingly as a matter of survival.

In our view, this is driving massive adoption of AI in the healthcare marketplace; for example, OpenAI’s December 2025 *State of Enterprise AI report* noted that the healthcare sector was experiencing the second-fastest growth of AI use in any industry (behind only the technology sector), with total users increasing eightfold year-over-year in 2025 alone.

To this end, we believe a recent comment in UnitedHealth’s [white paper](#) (*Rising expectations among health care consumers: How to lead the consumer-centric transformation*) on consumerism is particularly insightful:

The transformation to consumer-centric health care is not a matter of if, or even when, but rather how organizations will evolve to meet the moment. The economic forces related to health care consumer spending, workforce challenges, value-based care, and regulatory pressures make it inevitable.

The good news is that there are many opportunities to take a step forward on the core goals of increasing access to care and information. Technological developments are creating new opportunities to meet the need. Health leaders who actively pursue advancements in this direction will be in a stronger position to gain a competitive edge while also advancing their mission.

Key industry leaders agree that using technology and creating a digital-first consumer experience are key to long-term survival in the healthcare ecosystem.

During **UnitedHealth's** first quarter 2025 earnings call, the company's CEO stated the following when discussing the future of U.S. healthcare:

It means making healthcare easier to navigate. We're enhancing digital tools for consumers, harnessing data and using AI, so they can find the best value care option and decide what is best for themselves and their families. *People's health interaction should be as intuitive and seamless as every other aspect of their lives, like banking, shopping, and streaming.* [Emphasis added]

Later in the year, the company launched a new direct-to-consumer, digital shopping experience that "aims to transform the health care experience, in part, by leveraging advanced technology to help empower consumers with the capability, support and information to shop for health and wellness offerings." As part of the novel solution, the company introduced a "Members Like You" function, which is an AI-powered cost estimate feature in the UnitedHealthcare app that offers members the ability to see demographic information, like gender and age, to get personalized, prioritized suggestions and price estimates of services commonly used by other members on a similar care journey.

The app also offers a "Smart Choice" tool that uses AI to help members find the right provider based on quality, cost, and personal preferences, like gender and proximity to their home. The organization noted in a November press release that early impact measurements suggest that the digital tool is already saving members an average of \$123 per provider visit.

Similarly, during its December 2025 analyst day, **CVS Health** introduced its new healthcare consumer platform, which will serve as an integrated, omnichannel healthcare experience that brings together all its care delivery assets. In discussing the offering, management noted that its "best-in-class, AI-powered digital consumer engagement platform" will provide a novel "engagement-as-a-service" offering that is set to revolutionize the healthcare consumer experience.

As part of this engagement-as-a-service offering, the company will provide a number of AI-powered solutions, including:

- *Smart Compare*: an AI-driven provider matching that helps members find in-network physicians who best fit their preferences (location, availability, specialty).
- *Personalized cost tracking*: tools to visualize in-network and out-of-network costs, monitor deductibles, and provide price estimates.
- *Aetna Care Paths*: AI-enabled personalized guidance that uses AI to map a member's health profile and benefit design into "contextual, actionable navigation tools" along with the ability to schedule care and compare providers in real time from a central interface.
- *Personalized educational content*: Tailored health content (e.g., educational articles and guided tools) and recommendations for chronic care management and cost-savings programs.

Cigna also recently announced that it is officially kicking off a multiyear effort designed to "meaningfully" change the experience of its members. Cigna said it will focus on providing better access to care, easier navigation, greater value for consumers, as well as accountability and transparency.

To do so, Cigna introduced a suite of AI-powered digital navigation tools designed to simplify how members interact with their benefits and the broader healthcare system, via solutions like AI-powered care navigation, personal provider matching, real-time cost tracking (e.g., current co-pay and deductible status), and price estimates. And, as part of its initial push toward these goals, Cigna said *that compensation for its corporate executives will actually be tied to customer satisfaction for the first time.*

Elevance followed suit, with management stating on its third quarter 2025 earnings call that:

We are reimagining how we connect with consumers to personalize experiences, tailor recommendations to meet their specific needs, and simplify the healthcare journey.

To do so, it recently launched a smart app, called Sydney Health, that uses AI-powered virtual assistants to engage members. According to a December release regarding Sydney Health, “Using plain language, members can ask questions like ‘Is my surgery covered and how much will it cost?’ and within seconds receive a list of in-network providers, personalized cost estimates, and a coverage breakdown.”

In discussing the rollout of Sydney Health, Ratnakar Lavu, executive vice president and chief digital information officer at Elevance, even commented, “My obsession always has been, let’s focus on the consumer, the member, and in our case, the patient, and keep them at the center of how we think about overall transformation.”

Similarly, the management team of **Humana** indicated at the company’s 2025 investor day that:

If you rewound five or seven years ago, we were largely a health insurance company. I mean, that is largely what Humana was ... If you project out five years, we should become something different. We should become a consumer health care company.

And to help operationalize this plan, the company announced a multiyear expansion of its partnership with Google Cloud to modernize its infrastructure and bring advanced AI capabilities into member services. More specific, it stated that the effort would “leverage Google’s AI and cloud technology to improve consumer interactions and clinical insights—with an emphasis on empowering members with timely, personalized information.”

Even the **Centers for Medicare and Medicaid services (CMS)**, the largest payer of healthcare in the country, appears to be onboard with this trend. In July, CMS hosted technology leaders at a summit and later issued a press release with the tagline: “Tech Leaders Commit to Create Patient-Centric Healthcare Ecosystem.” And in the release, CMS Administrator Dr. Mehmet Oz stated:

We have the tools and information available now to empower patients to improve their outcomes and their healthcare experience. For too long, patients in this country have been burdened with a healthcare system that has not kept pace with the disruptive innovations that have transformed nearly every other sector of our economy. With the commitments made by these entrepreneurial companies today, we stand ready for a paradigm shift in the U.S. healthcare system for the benefit of patients and providers.

As part of this initiative, the **CMS Innovation Center (CMMI)** indicated in mid-2025 that its three core pillars for the future of U.S. healthcare revolve around using technology to help: 1) promote evidence-based prevention; 2) empower people to achieve their health goals by providing “tools, information, and data to support their health”; and 3) drive choice and competition.

Put simply, all the leading payers appear increasingly focused on investing in the consumer experience—not as a short-term play to gain market share or protect margins, but as a foundational, long-horizon strategy required to remain competitive in the market. Across all lines of business, these organizations are also prioritizing digital-first engagement models, seamless navigation tools, and new service layers that reduce friction for members.

They are also leaning heavily on AI to personalize guidance, simplify complex benefits, and help consumers make more informed decisions throughout their care journey. Together, these efforts signal a clear industry shift: enhancing the consumer experience is no longer optional, but a prerequisite for long-term relevance.

So, what does this mean for consumer-centric healthcare?

We believe a focus on consumer-centered healthcare is as crucial to an organization’s long-term success as ever. We continue to believe that capturing consumer loyalty, engaging today’s consumer in comprehensive health and wellness activities, and providing a digital-first healthcare experience are prerequisites for success in today’s healthcare delivery marketplace.

So we conclude our introduction with a final quote—one that we believe again emphasizes the need to invest in consumer-centric healthcare—from a PWC [report](#) on the future of health. In the report, the authors simply state:

Technology will no longer augment the system—it will become the system.

Today’s patient is directed. Tomorrow’s consumer will decide.

And then concluded that:

Over the next decade, we expect \$1 trillion of annual healthcare spending to shift away from fragmented, infrastructure-heavy models and toward empowered ‘super consumers’ and a digital-first, proactive and personalized system of care.

This is not science fiction. It is already taking shape in the form of virtual-first delivery, AI-supported decision-making and interoperable, consumer-centered platforms. The question for every healthcare organization: Will you lead this shift?

We agree with this viewpoint, and thus believe that investors in both the public and private equity markets will achieve superior long-term returns by identifying and investing in these companies—many of which are novel operators that are redefining care delivery (virtual care, advanced practice models, patient navigation and advocacy, onsite and near-site health clinics, technology-enabled home health, etc.), while others are entering the healthcare sector from other verticals.

The purpose of this report—now the 21st year in our annual series on the topic—is thus to assist investors in this process.

To do so, we present an updated overview of the emerging consumer-centric healthcare marketplace. In particular, we focus on recent developments surrounding the five key elements that we continue to believe will drive greater growth of consumer-centric healthcare over the coming years:

1. a continued need for healthcare cost control in the U.S., which remains pressing given a recent uptick in healthcare expenditure growth rates;
2. increased quality and pricing transparency for healthcare products and services;

3. growing responsibility for healthcare utilization and quality at both the consumer and provider levels;
4. increasing employer, insurer, and consumer support for more consumer-centric healthcare solutions; and
5. greater use of healthcare information technology solutions among providers and consumers.

Following this analysis, we provide investors with an overview of key investment merits and risks to monitor over the coming years; we then conclude our report with our updated list of some of the leading consumer-centric healthcare operators in both the public and private markets, which we believe are well positioned for growth over the coming years.

Factor One: The High Cost of Healthcare in the U.S.

Before discussing consumer-centric healthcare drivers in more detail, we begin our analysis with an update on what we view as one of the most important issues in healthcare today, its significant cost.

Healthcare Costs Set to Reach Record Highs in 2026

Exorbitant healthcare costs, and the structural inefficiencies that drive them, continue to serve as perhaps the most important impetus for change in the U.S. healthcare marketplace. Based on myriad data points, it appears that healthcare costs are set to reach record levels in 2026—including year-over-year healthcare premium increases that employers have not experienced in more than a decade.

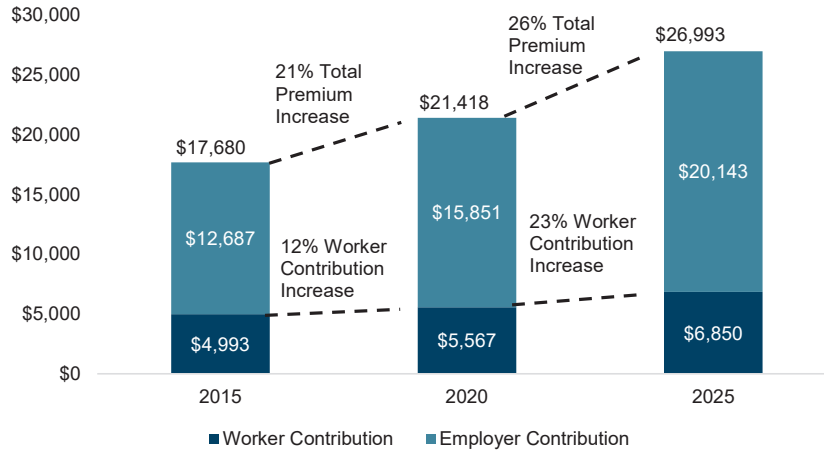
Notably, we have begun our annual consumer-centric healthcare reports with a discussion of the cost of healthcare in the U.S. for more than two decades now; however, we continue to find novel data points that are disconcerting—despite our experience analyzing the issue over the years.

To first put some more detailed numbers behind the issue, we again turn to what we view as the most comprehensive annual [survey](#) analyzing current healthcare spending trends. The Kaiser Family Foundation's annual *Employer Health Benefits Survey*, which, for the 27th consecutive year, surveyed nearly 1,900 human resources and benefits managers at U.S. employers (of all sizes) about their health insurance coverage and spending levels, for both individuals and families.

Increasing premiums

According to the report, average 2025 premiums increased to \$9,325 (up 5% year-over-year) for single coverage and \$26,993 (up 6%) for family coverage, which are both at all-time highs (exhibit 1) and growing at rates well above inflation (up only 2.7% over the same period). And this unrelenting increase in average annual premiums was the same for organizations of all sizes and for all types of insurance products.

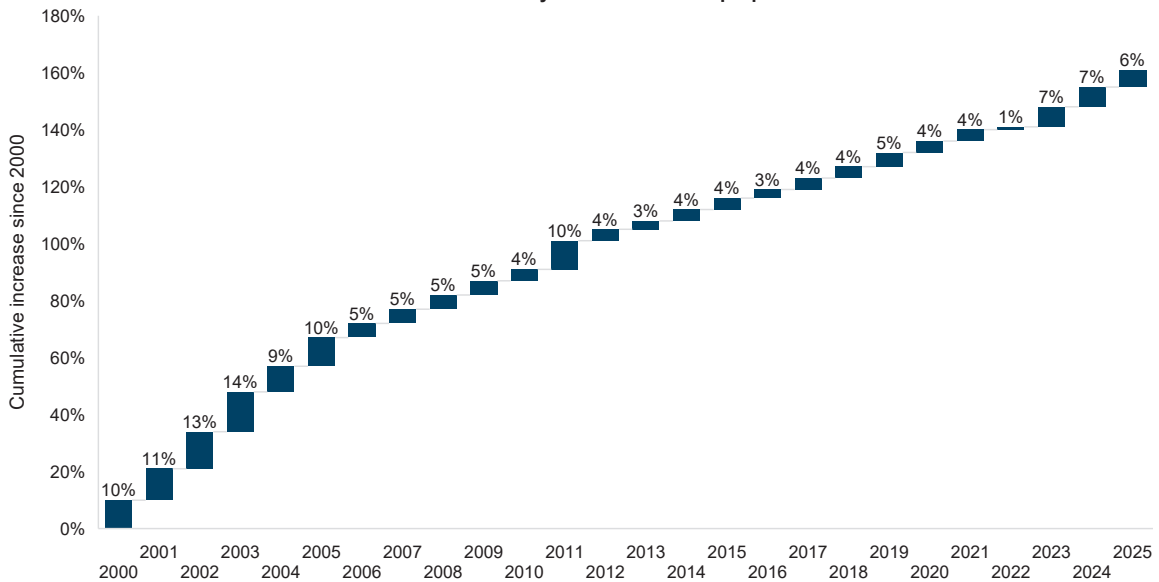
Exhibit 1
Consumer-Centric Healthcare
Average Annual Worker and Employer Premium Contributions for Family Coverage



Sources: KFF; William Blair Equity Research

The survey also noted that these premiums rose by roughly 26% over the past five years alone, marking an acceleration from the five-year trend experienced between 2015 and 2020—despite a material slowdown in the two years following the COVID-19 pandemic. On a cumulative basis, the cost of family health plans has now increased roughly 160% since 2000 alone (exhibit 2).

Exhibit 2
Consumer-Centric Healthcare
Cost of Family Health Plans Ramp Up



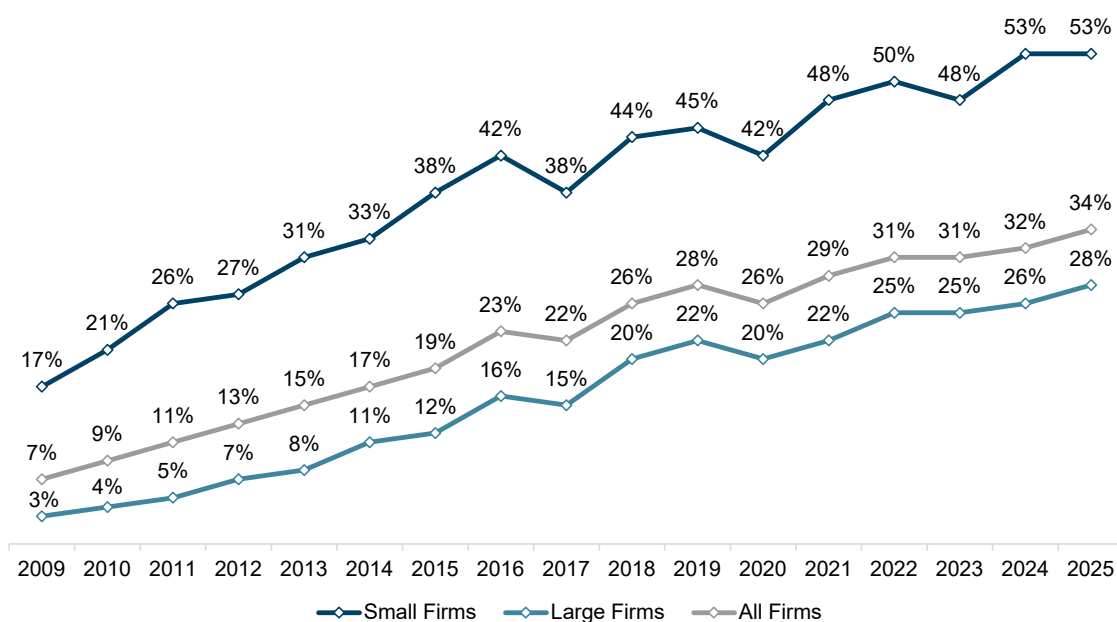
Sources: KFF (*Employer Health Benefits Survey, 2018-25*)

Increasing annual deductibles

The survey further indicates that the average annual deductible in 2025 was \$1,886, with smaller firms pushing much higher deductibles onto workers, at \$2,631 for smaller employers versus \$1,670 at larger employers—all these metrics hit all-time highs in 2025 as well. Moreover, the overall deductible has increased 43% over the past decade, largely as a result of increased prevalence of high-deductible health plans over the past 10 years, in our view.

To this point, data indicate that in the past five years alone, *the percentage of covered workers with an annual deductible of \$2,000 or more, for single coverage, has grown to 34%, another metric hitting a record level.* And the impact for employees at smaller firms is even greater, with 53% of employees at these firms facing a deductible of \$2,000 or more in 2025 (exhibit 3). As discussed later in this report, we believe this significant percentage of consumers with high-deductible plans is also shifting the healthcare industry toward a more consumer-oriented market, as an ever-increasing percentage of healthcare spending is being born directly by the consumer.

Exhibit 3
Consumer-Centric Healthcare
Percentage of Covered Workers Enrolled in Plan With Annual Deductible of \$2,000 or More



Sources: KFF; William Blair Equity Research

Worsening Outlook for 2026

It also appears that the outlook for 2026 is even worse. For example, according to Mercer’s annual healthcare report ([National Survey of Employer-Sponsored Health Plans](#)):

When the time came to renew plans for 2026, the hoped-for relief did not materialize. Initial increases in the double digits were common, and the average increase before changes was 9.2%. Employers had some tough decisions to make. For the first time in many years, the majority (55%) indicated that they would reduce initial rate increases by making cost-cutting changes to their plans (for example, raising deductibles or other cost-sharing provisions).

Still, even with these changes, an average increase of 6.7% is expected in 2026, the highest in 15 years, which would push average cost well above \$18,500 per employee. [Emphasis added]

Similarly, according to a Business Group on Health [report](#), in 2023 and 2024, employers experienced the highest back-to-back increases in healthcare costs in a decade, “surpassing what they had projected and budgeted for.”

Moreover, according to the report, employers predict that healthcare cost trends for 2026 will come in at a median of 9% (which declines to 7.6% with plan design changes). The report goes on to state, “understandably, employers say their top priority in the coming year is health care costs overall, followed by affordability for their organization and affordability for employees.”

Also, according to the report, actual healthcare costs have grown at a cumulative 50% clip since 2017. In a separate survey by the Business Group on Health, *87% of companies said that during the next 6 to 10 years, the cost of providing healthcare coverage for their workforce would become “unsustainable.”*

We also appreciated the commentary provided by Ellen Kelsay, CEO of the Business Group, in discussing the reports:

First and foremost, it’s a healthcare cost story, and it has always been a healthcare cost story, but it’s unusually alarming and concerning this year. So, I have to lead with that being the most top-of-mind issue.

The 2025 Lockton National Benefits [survey](#) also highlighted this trend, noting that “while ‘attracting and retaining talent’ has long been a key priority, there has been a notable shift: *‘reducing costs’ has now become the top factor in benefits decision-making.*” More specific, survey results indicate that in 2023, attracting talent was the most important factor in making benefits decisions—at 44% of employers (while reducing costs was noted by only 22%); however, by 2025 this reversed, with 38% of respondents focused on reducing costs, versus only 30% focused on talent attraction and retention.

Because of this trend, myriad data points, such as the Mercer survey referenced above, indicate that employers are shifting more healthcare costs directly to their employees. For example, the Mercer survey noted that for the 2026 plan year, *more than 51% of employers intend to make plan design changes that shift more cost to employees—we believe the first time this metric has ever trended above 50%.*

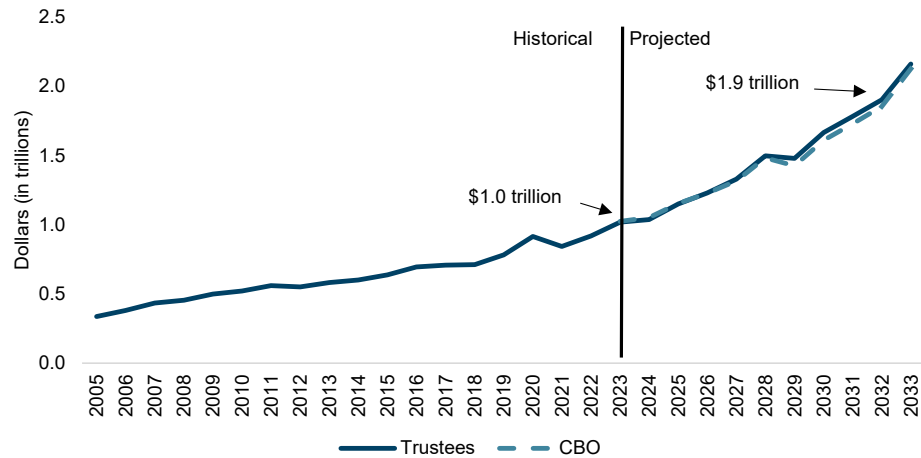
Moreover, *we believe this trend is part of what will prove to be a multiyear uptick in healthcare costs*, as acute-care providers pass along higher expenses to insurers, which inevitably will result in higher premiums for employers and their workforce over time. We also believe heightened demand for behavioral healthcare, increased prevalence of high-cost specialty medications (especially in oncology), and the emergence of, and increased coverage for, GLP-1 drugs (which will drive up near-term costs but not result in immediate healthcare savings) will push premiums higher—especially as payers look to increase rates to offset the marked uptick in healthcare utilization they experienced throughout most of 2024 and 2025.

Healthcare Trend Expected to Have a Long Tail and to Outpace Economic Growth

CMS projects that U.S. households, businesses, and governments will spend \$8.6 trillion on healthcare in 2033, when the sector will account for just over one-fifth of gross domestic product. The CMS Office of the Actuary attributes its forecast to factors such as a rapidly aging population and high demand for healthcare, projecting that healthcare spending will increase 5.8% a year, on average, from 2024 to 2033. *This healthcare spending trend is expected to continue to outpace economic growth, which the office projects will average only 4.3% annually over the same period—indicating that healthcare will continue to consume increasingly more economic resources over time.*

In Medicare alone, total spending is expected to double over the next decade, with the program hitting nearly \$2 trillion in spending by 2033 (exhibit 4).

Exhibit 4
Consumer-Centric Healthcare
Medicare Spending Is Expected to Double in the Next 10 Years

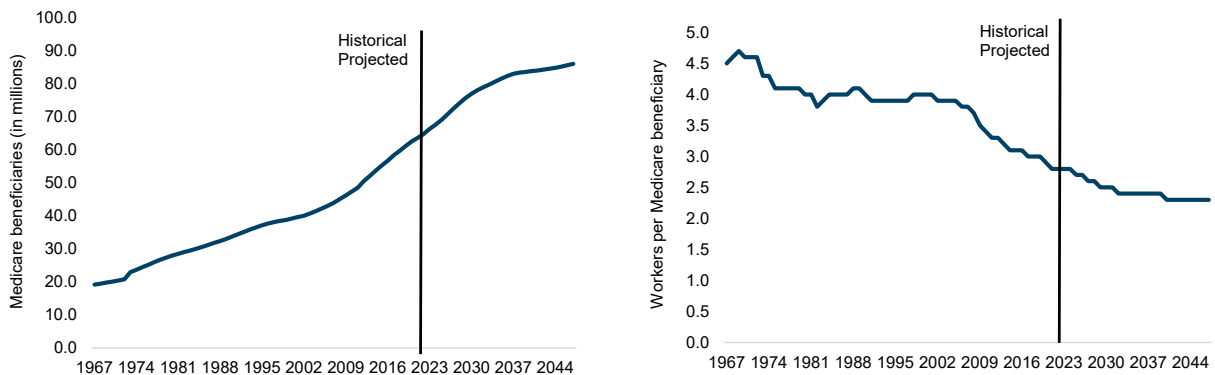


Sources: MedPAC; William Blair Equity Research

As the number of workers per Medicare beneficiary continues to decline sharply over the next decade (see exhibit 5), several structural challenges emerge that threaten the long-term stability of the program, in our view. Fewer workers supporting a growing senior population means a shrinking payroll-tax base at the very moment Medicare’s per-capita costs are rising due to higher acuity, expanded benefits, and more-expensive therapies.

This imbalance strains the Hospital Insurance (Part A) trust fund, accelerates funding deficits, and increases pressure on general revenues to subsidize Parts B and D. With fewer contributors, the financial burden will likely shift toward younger generations through higher taxes, higher premiums, and reduced benefits.

Exhibit 5
Consumer-Centric Healthcare
The Number of Workers Per Medicare Beneficiary Continues to Decline as Medicare Enrollment Grows



Sources: MedPAC; William Blair Equity Research

Operationally, the system also faces workforce shortages: fewer clinicians and care-support staff per beneficiary make it harder to meet rising demand for chronic disease management, home-based care, and advanced treatment needs. Together, we believe these dynamics create a tightening vise—growing costs, fewer contributors, and a constrained healthcare labor force—that intensifies the urgency for technology adoption, consumer empowerment, and new models of AI-enabled care delivery to keep Medicare sustainable.

Similarly, MedPAC recently noted in its 2025 [Report to Congress](#) that this trend is likely to continue to pressure the overall economy. For example, the share of personal and corporate income taxes collected by the federal government that was transferred to the Medicare Trust was 17% in 2023 but is projected to increase to 22% by 2030.

Moreover, the report specifically highlights pressure that this causes for Medicare beneficiaries, as average spending on Medicare Part B and Part D premiums and cost-sharing consumed 26% of the average Social Security benefit in 2024, up from only 17% in 2004.

An August 2025 [KFF report](#) noted that *out-of-pocket* healthcare spending by the average Medicare beneficiary accounted for 39% of Social Security income, on a per capita basis, in 2022 (most recent data). Equally troubling, it noted that beneficiaries spent 11% of their *total per capita income* on out-of-pocket healthcare costs, on average, “but 1 in 4 beneficiaries spent at least 21% and 1 in 10 beneficiaries spent 39% or more.” And a recent [report](#) from Fidelity noted that, on average, a 65-year-old individual may need \$172,500 in after-tax savings simply to cover healthcare expenses in retirement—the highest level ever reported.

This pressure is also impacting the non-Medicare population. In a recent West Health and Gallup survey, 11% of individuals indicated that they could not afford medication and care within the past three months—the highest level in the four years this survey has been conducted.

Moreover, more than one-third of respondents—representing roughly 91 million adults—said if they were to need medical care, they would not be able to pay for it. In addition, almost 80% of survey respondents said they were dissatisfied with the cost of healthcare.

Similarly, in a West Health and Gallup survey published on December 15, a near-record number of respondents—at 29%—indicated that the “most urgent” health problem facing the U.S. in 2025 was the cost of care (second only to a 30% response rate in 1992). This is up from only 9% as recently as 2021 and marked a 600-basis point uptick since 2024 alone.

The report also notes that “Americans’ elevated concern about the nation’s healthcare costs combined with their lower evaluation of coverage may be contributing to a record-high 23% now saying the U.S. healthcare system is ‘in a state of crisis’ and another 47% saying the system has ‘major problems.’” This is up from 14% stating the industry was “in a state of crisis” as recently as 2023, indicating a large shift in public perception, in our view.

In another [poll](#) conducted by The Associated Press-NORC, a majority of U.S. adults also expressed a high level of concern about healthcare costs. Nearly 6 in 10 respondents were “extremely” or “very” concerned about rising healthcare costs. And healthcare costs ranked as the second-largest concern among respondents across all political affiliations (81% noted it as “extremely/very important”), easily topping issues such as crime (72%), immigration (58%), and climate change (42%).

And for those consumers who need care, it is causing significant financial stress. For example, according to a recent report published by the Robert Wood Johnson Foundation, “nearly three in four respondents (73.6%) currently carry medical debt; 82.2% of that debt is owed to hospitals; 66.1%

are already in collections; 77.4% are skipping or avoiding medical care altogether; 70.7% are not filling prescriptions; 70.4% say the debt has directly harmed their health; and a staggering 79.1% believe they will never pay it off.”

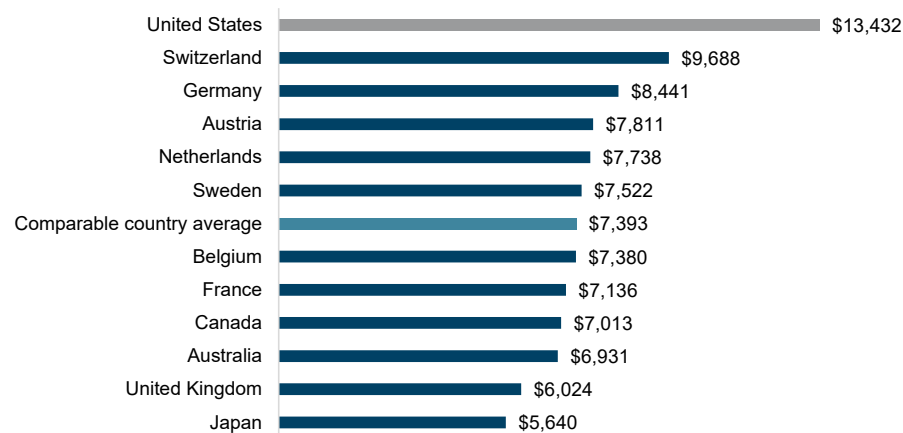
U.S. Health Outcomes Not Commensurate with Costs

Equally troubling, the health outcomes achieved in the U.S. are not commensurate with this level of spending, which is an issue we have discussed in several of our prior reports. Here, we appreciated the introductory comments in Trilliant Health’s annual outlook [report](#), where the firm simply states:

The current trajectory of the U.S. healthcare system, one which increasingly depletes societal wealth without generating commensurate health gains, is unsustainable for patients, payers, employers and providers alike. The fact that the health economy continues to defy the laws of economics confirms that it is not a free market.

Health outcomes in the U.S. also lag most other developed countries, despite massive spending levels. According to a September 2025 [report](#) from KFF, health expenditures per person in the U.S. were \$13,432 in 2023 (most recent data), which was nearly double that of any other high-income nations (\$7,393 per capita).

Exhibit 6
Consumer-Centric Healthcare
The Number of Workers Per Medicare Beneficiary Continues to Decline



Source KFF; William Blair Equity Research

U.S. spend increasing faster than in other developed countries

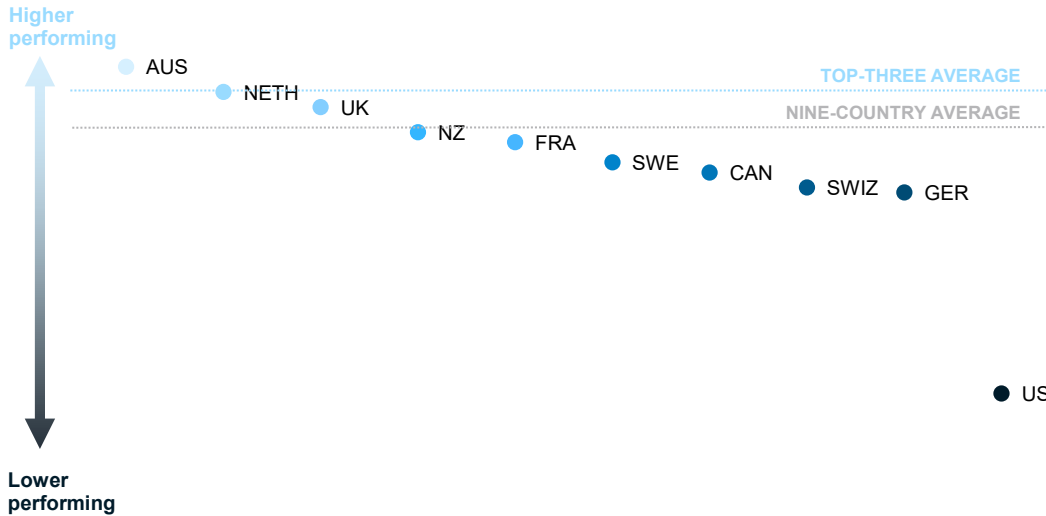
This gap has increased markedly over the past five decades. For example, in 1970, the U.S. spent 6.2% of its GDP on health, similar to spending levels of roughly 5% in other comparable countries. Since then, however, health spending as a share of the economy has grown faster in the U.S. than in peer nations, now accounting for nearly 16.7% of U.S. GDP, versus only about 11.0% for most other developed nations.

U.S. health outcomes are worse than in other developed countries

U.S. healthcare outcomes also are markedly worse than most developed nations, despite spending more, per capita, than any nation in the world on healthcare. As seen in a [report](#) from The Commonwealth Fund (most recently available data), the U.S. spends more than double on healthcare

cost per capita relative to the average spending of other industrialized nations, yet it has the lowest life expectancy for its citizens. As the report's conclusion states, "The U.S. continues to be in a class by itself in the underperformance of its health care sector."

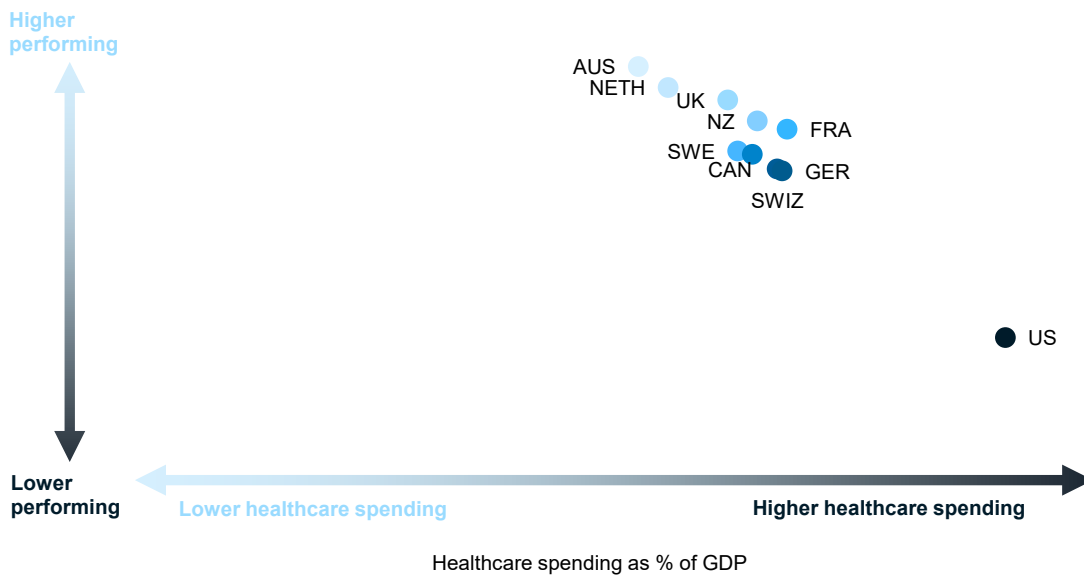
Exhibit 7
Consumer-Centric Healthcare
Health System Performance by Country



Sources: Commonwealth Fund; William Blair Equity Research

This becomes even more stark when comparing the performance of each country relative to the percentage of their GDP spent on healthcare (as seen in exhibit 8).

Exhibit 8
Consumer-Centric Healthcare
Healthcare System Performance Compared With Spending



Sources: Commonwealth Fund; William Blair Equity Research

According to the most recent OECD [data](#), despite this higher spending, the U.S. has lower life expectancy, higher rates of preventable and treatable mortality, and worse maternal and infant outcomes than most peer countries as well. The OECD attributes these gaps largely to problems in access, affordability, and care coordination, noting that Americans are more likely to forgo needed care due to cost and encounter fragmented systems that hinder effective management of chronic disease.

Similar data from the Peterson-KFF Health System [Tracker](#) also provides a troubling take on the U.S. healthcare system: U.S. life expectancy stands at 78.4 years, roughly 4 years below the peer-country average of 82.5; maternal mortality is 18.6 deaths per 100,000 births, more than 3 times higher than the comparable-country average of 5.1; and the U.S. has less than half the primary care physician supply of peer nations (0.6 vs. 1.3 per 1,000 people). These figures underscore what the Peterson-KFF source itself highlights: “the U.S. healthcare system exhibits significant care gaps and poorer population-level outcomes despite its far higher spending.”

Put simply, in tracking the cost and quality data of the U.S. healthcare system over the past year for this report, the evidence was overwhelming (and often somewhat depressing) but the message is clear: *there is a dire need for change in the U.S. healthcare market, as the value provided is clearly misaligned with dollars spent on care.*

The Bottom Line

We believe the ability to better coordinate patient care, provide more preventive care delivery, more rapidly distribute clinical best practices, and more actively engage patients in the healthcare system has reached a tipping point, especially as more advanced care practices (APCs) expand and move into value-based reimbursement models.

The emergence of virtual care delivery, remote patient monitoring, and telehealth, along with the aggressive entry of AI innovators into the healthcare market, have the potential to reshape how and where care is delivered in the U.S. *Put simply, we believe the future of consumer-centric healthcare, which we define as lower-cost, more-convenient, and higher-quality care for individuals, looks bright.*

Equally important, we believe this change could be a sustainable solution to our healthcare system’s woes, as a more engaged healthcare consumer would likely seek both *less medical care and medical care for less*. We believe these engaged consumers would likely seek more efficient care delivery and ultimately realize that their own behavior is often what drives their need for healthcare. In turn, the consumer might be a key driver of both less healthcare consumption and lower unit costs (via shifting the point of care to virtual care, advanced care models and onsite/near-site clinics, and greater use of in-home care, for example), which would unquestionably benefit the entire delivery system.

Again, healthcare costs remain the root cause of many of the ills facing the U.S. healthcare market today, and we believe that only through increased consumer-centricity and more focus on value-based care delivery and AI-enabled care delivery can a sustainable bending of the healthcare cost curve occur.

Factor Two: Increased Availability of Healthcare Price and Quality Information

As discussed above, the cost of healthcare remains a critical issue in the U.S., and to control costs, we believe a more consumer-centric healthcare approach is needed—one with increased access to pricing and quality information.

Put simply, we believe it is difficult, if not impossible, for consumers to play a more proactive role in healthcare if there are not accessible ways to price care and assess its quality. In the section that follows, we thus provide an overview of recent developments on cost and quality transparency, while highlighting several barriers that remain. We believe the actions of leading payers to launch AI-powered price transparency and provider matching tools, as discussed above, are a significant step forward in this element of healthcare consumerism.

Costs of Care Vary Widely, a Key Driver of the Need for Transparency

We believe a key issue with the existing U.S. healthcare system is that patients generally do not know the actual costs of treatment until after a service is rendered. However, a Pioneer Institute survey of individuals with employer-sponsored health insurance found that *70% of consumers would like to know the cost of a procedure before they have it, indicating a clear consumer demand for this type of solution.*

In our view, the difficulty of determining the cost of care often stems from consumers’ lack of awareness of the tools provided by insurance companies and the difficulty of obtaining accurate cost information—again, something we believe AI innovations will likely be able to rectify in the near future.

Experian Health’s *2025 State of Patient Access* report, which is based on a [survey](#) of 213 healthcare employees and 1,004 patients, discusses how estimates for costs of services have been a pain point for consumers. More specific, understanding the full cost of care for patients is highlighted as a major challenge, and the accuracy of estimates, according to the analysis in the report, has actually decreased over the past few years, as displayed in exhibit 9. Put simply, although consumers are receiving more estimates, their accuracy has become increasingly unreliable—*yet we believe consumers need accurate estimates to correctly compare costs and gain trust in these solutions.*

Exhibit 9
Consumer-Centric Healthcare
More Estimates, Less Accuracy

Year	Received Estimate	The estimate was accurate to \$400
2022	29%	78%
2024	31%	74%
2025	41%	71%

Source: Experian Health (*2025 State of Patient Access*)

Needed improvements to transparency in healthcare

In our view, it is critical for improvements here, as the costs of care are important for patients; from the Experian Health survey, 81% said an accurate estimate helps better prepare to pay for care costs, and 43% indicate they will likely postpone care without an accurate estimate (in our view, indicating that this is become a must-have solution for providers).

Providers also want to see improvements in costs transparency. In the same Experian Health survey, 88% of providers stated that there is an urgency to improve or implement accurate price estimates.

Further evidence of the difficulties for consumers to determine the cost of care comes from KFF, which [surveyed](#) 3,605 insured U.S. adults ages 18 and older; 3 out of 10 surveyed adults said it was “somewhat or very difficult” to understand how much they would have to pay out of pocket when using their health insurance. In addition, KFF notes that consumers have difficulty determining total costs when they lack clear information and they also have difficulty comparing prices regardless of the type of insurance plan, as shown in exhibit 10.

Exhibit 10
Consumer-Centric Healthcare
Percent of insured adults who say the following was either “somewhat difficult” or “very difficult” when first signing up for their current insurance

	ESI	Marketplace	Medicaid	Medicare
Compare copays and deductibles for each option	27%	31%	13%	22%
Compare monthly premiums for each option	19%	25%	12%	17%

Sources: KFF; William Blair Equity Research

In our view, 2025 also was a notable year given the political debate across various potential healthcare reforms; however, one point of debate that appears to have bipartisan agreement is for improved healthcare price transparency.

KFF’s Health Tracking Poll surveyed individuals across all political parties, and the top priority was greater transparency in healthcare. In contrast, other priorities related to healthcare varied widely across different party lines (exhibit 11).

Exhibit 11
Consumer-Centric Healthcare
Percent who say each of the following should be a top priority for Congress or the Trump administration

	Democrats	Independents	Republicans
Boosting price transparency rules to ensure healthcare prices are available to patients	61%	66%	56%
Setting stricter limits on chemicals in the food supply	55%	56%	61%
Expanding the number of prescription drugs that the federal government negotiates the price on for people with Medicare	65%	54%	48%
More closely regulating the process used by health insurance companies when they approve or deny services or prescription drugs	61%	59%	45%
Extending the expanded financial aid for people who purchase health coverage through the ACA marketplace	50%	28%	16%
Repealing the law that allows the federal government to negotiate prescription drug costs for people on Medicare	31%	25%	28%
Repealing and replacing the Affordable Care Act, otherwise known as Obamacare	19%	22%	40%
Recommending communities not add fluoride to their local water supplies	18%	17%	25%
Reducing funding to public schools that require children to be vaccinated	14%	15%	19%

Sources: KFF; William Blair Equity Research

Need for health literacy

In our view, another way to bring more price transparency is to help customers then become more “health literate,” as defined by CMS, which means “having the ability to find, understand, and use information and services to inform health-related decisions for themselves and others.” Unfortunately, a study by the Utah Foundation found that only 12% of the U.S. population is health literate, with most patients finding prices through their insurance company portal and believing there are no other options. The small percentage of U.S. adults who are health literate underscores the importance of providers and payers educating consumers and providing accurate tools to raise awareness of options for understanding prices. Again, we believe AI holds the most promise in addressing this market need.

Examples of Price Variation

We believe it is important to highlight the wide, often unexplainable price ranges for healthcare services in the U.S., which we consider a key reason why price transparency tools are so critical.

As has been the case throughout the years, prices for different healthcare services appear to vary markedly by payer. For example, Trilliant Health reviewed UnitedHealthcare and Aetna transparency [files](#) from February to April 2025 and provided compelling examples of this issue.

Here, the firm noted that health plans, as required by law, must disclose negotiated rates for healthcare services with providers, and the released data showed that *different payers pay wildly different amounts for identical procedures at the same location*. For example, at Tufts Medical Center, the

Aetna rate for coronary bypass was \$95,989, while the UnitedHealthcare rate was \$144,204. When Trilliant Health examined different procedures, it found the average price difference between Aetna and UnitedHealthcare at the same hospital exceeded \$15,000 across six procedures alone.

Lastly, when the firm analyzed six inpatient procedures nationwide, the negotiated rate varied widely, and a specific example was that negotiated rates for one type of coronary bypass could range from \$27,000 to nearly \$250,000. These wide price discrepancies illustrate how payers maintain vastly different prices for procedures, and price variation occurs across all healthcare services.

When comparing cash rates with negotiated rates for common hospital services, Trilliant Health also found that cash rates are often lower. Across 79 procedures and services, when looking at the reporting rate for 327 Texas hospitals, the negotiated rate discrepancy ranged from 40.4% to 66.8% while reporting rates for gross charges and cash prices ranged from approximately 2.5% to 74%.

The examples mentioned were for CPT 45378 (diagnostic colonoscopy), where the negotiated rate ranged by 24 times, with a median of \$2,275, while the cash prices ranged 18 times, with a median of \$1,554. These discrepancies highlight the variability in the processes consumers encounter depending on how they pay for them and illustrate how payers set vastly different prices for procedures.

A white [paper](#) by Purchaser Business Group on Health (PBGH) also highlighted this issue, arguing that the price difference in commercial insurance is arbitrary and calling for greater price transparency. One example provided in the white paper was that a Cesarean section without complications cost \$11,547 in Chicago but \$27,199 in California, and the variability in prices is even larger when looking at differences in labor or facility costs, as shown in exhibit 12.

Exhibit 12
Consumer-Centric Healthcare
Pregnancy, Childbirth, and the Puerperium Diagnosis Related Group Codes and Costs

Code	Description	Range of Median Negotiated Rates (by Site of Care)
786	Cesarean section without sterilization with Cc	\$19,420 - \$45,984
787	Cesarean section without sterilization with Mcc	\$13,513 - \$45,632
788	Cesarean section without sterilization without Cc and Mcc	\$11,547 - \$27,199
806	Vaginal delivery without sterilization/D&C with Cc	\$9,235 - \$26,460
807	Vaginal delivery without sterilization/D&C without Cc and Mcc	\$8,134 - \$18,368

Sources: PBGH; William Blair Equity Research

In Trilliant Health's *2025 Health Plan Price Transparency [report](#)*, the organization also examined selected procedure prices and insurer payments and identified unexplained patterns in payment differences. For example, as seen in exhibit 13, Keck Hospital of USC is more expensive than the other hospitals examined, while Aetna has a lower negotiated rate than the UHC rate.

In contrast, Thomas Jefferson University Hospital has the highest Aetna negotiated rate for every procedure but is the least expensive facility for UHC. Again, the analysis noted that looking at procedures shows large differences across locations, hospitals, and insurers' payments—with little reason to explain these discrepancies, often to the detriment of consumers.

Exhibit 13
Consumer-Centric Healthcare
Negotiated Rates for Selected Hospitals by Procedure and Payer

Hospital and Location	Payer	MS-DRG	MS-DRG	MS-DRG	MS-DRG	MS-DRG	MS-DRG
		235	236	330	331	469	470
Hospital of the University of Pennsylvania Philadelphia, PA	Aetna	\$120,432	\$84,162	\$48,378	\$33,791	\$66,901	\$38,591
	UHC	\$105,310	\$73,594	\$42,303	\$29,548	\$58,500	\$35,567
Keck Hospital of USC Los Angeles, CA	Aetna	\$157,508	\$110,073	\$63,272	\$44,194	\$87,497	\$50,471
	UHC	\$229,972	\$160,713	\$92,380	\$64,526	\$127,751	\$73,691
MedStar Washington Hospital Center Washington, D.C.	Aetna	\$153,725	\$107,429	\$61,752	\$43,132	\$85,395	\$49,259
	UHC	\$203,176	\$141,987	\$81,616	\$57,007	\$112,865	\$65,104
NYU Langone New York, NY	Aetna	\$125,563	\$103,234	\$59,552	\$35,231	\$69,751	\$44,813
	UHC	\$150,611	\$105,253	\$60,501	\$42,258	\$83,665	\$48,261
Rush University Medical Center Chicago, Illinois	Aetna	\$103,032	\$72,003	\$41,388	\$28,909	\$57,235	\$33,015
	UHC	\$87,116	\$60,880	\$34,995	\$24,443	\$48,393	\$27,915
The University of Chicago Medical Center Chicago, Illinois	Aetna	\$119,008	\$83,167	\$47,806	\$33,392	\$66,110	\$38,134
	UHC	\$117,378	\$82,028	\$47,152	\$32,934	\$65,204	\$37,612
Thomas Jefferson University Hospital Philadelphia, PA	Aetna	\$166,288	\$116,208	\$66,798	\$46,657	\$92,374	\$53,284
	UHC	\$84,709	\$59,198	\$34,028	\$23,768	\$47,056	\$27,144
Tufts Medical Center Boston, MA	Aetna	\$95,989	\$67,081	\$38,559	\$26,933	\$53,322	\$30,758
	UHC	\$144,204	\$100,775	\$57,927	\$40,461	\$80,106	\$46,208
UCHealth University of Colorado Hospital □ Aurora, CO	Aetna	\$147,858	\$103,329	\$59,395	\$41,486	\$82,136	\$47,379
	UHC	\$148,376	\$103,691	\$59,603	\$41,632	\$82,424	\$47,545
Vanderbilt University Medical Center Nashville, TN	Aetna	\$134,742	\$94,163	\$54,126	\$37,806	\$74,850	\$43,176
	UHC	\$144,210	\$100,779	\$57,930	\$40,463	\$80,109	\$46,210

Source: Trilliant Health; William Blair Equity Research

Another data point Trilliant Health investigated was outpatient surgical procedures, comparing rates across hospital and nonhospital facilities, since nonhospital facilities account for the majority of healthcare spending. Across the five outpatient surgeries reviewed, the ambulatory surgery center rate was consistently lower than the median rate for hospital outpatient departments.

The widening gap highlights structural pricing differences and underscores the need for greater visibility for consumers and insurers as moving the point of care remains a key objective in consumer-centric market (which we believe AI-powered care navigation apps can address in short order).

Exhibit 14
Consumer-Centric Healthcare
Summary of National Outpatient Negotiated Rates, by Care Setting

Procedure	Hospital Median	Surgery Center Median
Total Hip Arthroplasty	\$21,937	\$18,000
Total Knee Arthroplasty	\$21,791	\$17,750
Esophagogastroduodenoscopy	\$3,755	\$1,208
Colonoscopy	\$3,633	\$1,179
Hernia Procedures	\$7,414	\$3,241

Sources: Trilliant Health; William Blair Equity Research

Not only is there price variance in procedure costs, but there also is variance across the different types of insurance used to pay for them. For example, a *Health Affairs* [article](#) noted that, on average, U.S. hospitals charge privately insured patients nearly 2.5 times what Medicare pays for the same service. This increase in commercial insurance has put pressure on employers and shifted more employees into high-deductible health plans, a trend we focus on later in the report.

Healthcare Prices Also Convey Important Information to the Market and Consumers

In our view, it has become increasingly important for purchasers of healthcare to have access to timely, relevant price and quality information if they are expected to take on greater responsibility for their healthcare spending. While we discuss several transparency developments in the following section, we first want to highlight the importance of accurate pricing information and how consumers respond to it.

There has been a continuing debate about whether price transparency will actually encourage consumers to comparison shop for healthcare. However, according to the Zelis *2025 State of the Healthcare Financial Experience* [study](#), 40% of consumers said price transparency is a key desire when dealing with providers and insurers, and 50% of employers reported considering switching their insurance or provider based on costs and performance data; thus, we believe there is market demand for such solutions.

The National Alliance of Healthcare Purchaser Coalitions shared its [survey](#) results from 324 employers. It concluded that employers with access to claims data are likely to adopt value strategies and compare costs with cheaper options. Employers with complete and transparent claims access are not only twice as likely to engage in federal and state health policy (56% compared with 36%), but are also more likely to implement value strategies. When consumers are given full and proper information about their healthcare costs, they will be more engaged and willing to compare costs.

A [survey](#) by AJMC, called *Price Transparency and Patient Engagement: Social Messaging Matters*, examined 567 participants in a sleep study, asking them to choose from five options, and concluded that price transparency increased the selection of lower-cost options among participants who were solely responsible for their own care.

Moreover, even when the insurer was responsible for the cost of the study, when the price was disclosed, it led to a material reduction in the mean cost for the selected provider (\$893.50 compared with \$1,018.89). Again, we believe data such as this support the thesis that consumers are willing to shop for care when armed with data, especially as their financial responsibility for services increases.

Public Policy and the Regulatory Environment Pushing for Greater Price Transparency at the Federal Level

To help address the price transparency issue, the Trump administration has been leaning into solutions to address information asymmetry in healthcare. In February 2025, the administration signed an [executive order](#) aimed at increasing price transparency.

The executive order required the Treasury, Labor, and HHS secretaries to enforce disclosure of actual prices rather than estimates, release guidance or regulations to standardize pricing information and enable price comparisons across sites of care and plans, and revise performance plans to ensure compliance. This executive order also requires greater enforcement through increased fines aimed at making healthcare prices easier to interpret and understand.

After the executive order, in May 2025, CMS also released new guidance for hospital and insurer price transparency initiatives. Hospitals will now have to use the average dollar amount received over the last 12-month period, derived from electronic remittance data, to provide accurate price

information for consumers. CMS also announced a new standard format for insurer machine-readable files to reduce the file size insurers use by decreasing duplicative data and making the data easier to use for transparency purposes.

In November 2025, CMS finalized the calendar 2026 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System [rule](#) (CMS-1834-P), which introduced a series of reforms focused on modernizing payments. CMS Administrator Dr. Mehmet Oz discussed the new proposal as a way to modernize hospital payments and strengthen transparency, noting, “These reforms expand options and enforce the transparency Americans deserve to ensure they receive high-quality care without hidden costs.”

Again, CMS is proposing changes that would require hospitals to post real, consumer-useable prices that allow patients to understand what their care will cost, and by imposing monetary penalties for failure to comply.

And in late December, the Centers for Medicare & Medicaid Services (CMS) and the departments of Labor and the Treasury issued “The proposed Transparency in Coverage” rule, which further updates price transparency requirements for payers. In the new proposal, the CMS indicated that payers would be required to exclude in-network data for services that a certain provider is unlikely to perform and requires that change logs and utilization files are made available, so users can identify changes and quickly recognize which services providers are actively offering.

The proposed rule also aims to boost access to price transparency data by requiring that insurers make the same level of detail on cost-sharing available online, in print or by telephone, which ensures that individuals who lack internet access or struggle with digital literacy can still find key information. The CMS said this change will also help align the requirements to the No Surprises Act. In discussing the new proposal, CMS stated, “By improving clarity, accuracy, and providing better contextual information, the Departments aim to equip employers, innovators, and researchers with the information they need to strengthen negotiations, identify cost drivers, and build new tools that help consumers shop for care with confidence.”

Another initiative we view as positive for consumers is that CMS is seeking to equalize payments for services delivered in hospitals or off-campus facilities by helping ensure beneficiaries are not penalized with additional co-pays based on the care received. In our view, the initiatives laid out by CMS are positive and should empower consumers to gain greater transparency into the costs of care in the future.

Overall, we believe public policy goals align with efforts to promote greater price transparency; however, work remains to be done.

State Efforts to Promote Price Transparency

In addition to federal policy and regulatory efforts, states have also placed greater emphasis on creating more stringent price transparency rules in healthcare.

In February 2025, Ohio became the first state to require hospitals to publish prices, and Ohio hospitals must fully comply with the federal price transparency rule that went into effect in January 2021. That rule was loosely followed and not strongly enforced by hospitals until Governor Mike DeWine signed H.B. 49, which was passed unanimously in both chambers and mirrored the federal law. It requires hospitals to post pricing information for at least 500 shoppable services in advance, in a format that can be read without software. Moreover, any hospital that does not comply with state law will be prohibited from collecting medical debt from patients and from filing negative credit reports against them.

Oklahoma's SB 899 is a similar bill, enacted into law in November 2024, that requires hospitals to publicly disclose consumer-friendly, readable price lists for 300 common services. The price lists must include gross charges, negotiated rates with different insurance payers, and specific billing codes—all posted online. To ensure compliance with the law, Oklahoma will also impose penalties for those who do not, with a similar approach to the bill in Ohio, barring hospitals from initiating debt collection for services provided.

Washington has followed the lead of Ohio and Oklahoma by enacting SB 5493, which increases hospital price transparency by aligning state law with federal requirements that require hospitals to post a machine-readable file of standard charges and display consumer-friendly information about shoppable services.

There was also a specific focus on drug price transparency this year. In March, Virginia signed and adopted HB 2375, which strengthens prescription drug price transparency by requiring pharmacies to disclose reimbursement terms and fees to pharmacists. The law will focus on increasing accountability in the drug supply chain through more transparent pricing and enabling pharmacy services administrative organizations to generate revenue through flat service fees rather than charges to pharmacies based on drug prices or volume.

Examples of Transparency Initiatives

To conclude this section of our report, we highlight several recent examples (not including those referenced in our introduction) from health plans, providers, and start-ups that are embracing cost and quality transparency.

Trilliant Health, a healthcare analytics firm, announced the release of a centralized [dataset](#) containing hospital price transparency files with more than 5 billion negotiated rates from more than 5,000 hospitals nationwide. Given the hospital price transparency rule, Trilliant Health has been able to access this data and compile it into a single accessible location.

In tandem with this, Trilliant Health is rolling out a free AI chatbot called Oria, which aims to make hospital-based service prices freely accessible. It will be a chat-enabled tool so consumers can ask questions and receive prices.

Oria was built by combining hospital price transparency data with large language models (LLMs) to enable fluid interactions with pricing information. Consumers can ask basic questions, and the AI tool will produce easy-to-understand information. The tool is currently limited to Massachusetts, but the firm is set to expand coverage nationwide.

Sidecar Health and **Carrum Health** also partnered to bring a center of excellence (COE) into consumer-driven health plans, with Carrum's specialty care bundled onto the Sidecar Health platform, where members will have access to bundled prices for more than 1,200 vetted COE providers for various treatments. *Members who use the Sidecar Health app will see pricing for nearly every physician and know exactly what their plan covers before getting the care they need.* The collaboration showcases more companies using data to improve price transparency, giving consumers the ability to choose the care they receive.

A second initiative Sidecar Health is undertaking is enhancing the member experience by providing members with information to make smarter healthcare decisions, including clinical quality scores. Global appropriateness measures will power the clinical quality scores from the Johns Hopkins School of Medicine, and the new feature will appear as a 0.00-5.00 rating alongside the provider's profile in the Sidecar Health portal. While the scores will consider cost information, proximity, and consumer reviews, it is developing the scores primarily to show which providers are delivering on best clinical practices and to empower consumers to make more informed care decisions.

A groundbreaking fixed-price care agreement was also announced between The Ohio State University Wexner Medical Center (the third-largest cancer hospital in the U.S.) and Sidecar Health, which will focus on a transparent pricing agreement. Sidecar Health members using the system will obtain a fixed price model and the initiative will remove traditional barriers such as prior authorizations, claim editing, and complicated medical management programs. This will create a more streamlined approach to allow members access to care at the hospital and to eliminate surprise billing and unexpected out-of-pocket expenses, as members in the plan will have clear payment terms that show the exact costs upfront.

Payers are also launching tools to help with price transparency for members, as highlighted earlier in our introduction. **Blue Shield of California** teamed up with Gemini Health to roll out a new member tool at the pharmacy counter, called Check My Rx, which will be available through the insurer's app. The goal of the price transparency tool is to deliver real-time notifications when a clinician sends a prescription, showing the member's out-of-pocket costs for the prescription and lower-cost alternatives. This allows consumers to see costs at the point of care, empowering them to make more informed decisions and discuss lower-cost alternatives with providers.

Similarly, **Superscript**, which provides real-time price transparency tools to help patients make proactive, informed decisions, is advancing transparency on quality and prices. The firm launched its pricing protocol, which took three years to create, and provides a digital storefront where customers can enter their insurance member ID and see the prices of services based on their plan. Moreover, in what the firm described as the "OpenTable of healthcare." This allows providers to use the tool during a front desk interaction to gather essential information and determine the price for the customer at the point of care.

CVS Health rolled out a new model for commercial prescriptions, called CostVantage, in which prescriptions are priced based on the underlying cost, with a defined markup and a dispensing fee to cover the company's service. The model aims to increase price transparency for insurers and pharmacy benefit managers, making it easier to establish transparent programs for patients. CVS Health also commented on expanding the program to Medicare and Medicaid prescriptions.

And an alternative health plan that is self-funded by employers, called **Imagine360**, launched Complete Care, which will provide employers with full transparency into healthcare claims and pharmacy costs. The Complete Care service will offer businesses direct contracts with health systems and providers and enable members to access seamless support for both medical and pharmacy inquiries through a single portal. With the introduction of Complete Care, the company projects that employers can achieve an additional 5% to 10% in savings.

The Bottom Line

The consumer-driven healthcare industry has become a part of the healthcare journey. We believe that transparency initiatives are important for empowering consumers to take control of their healthcare needs. Although this is a gradual process, the release of price and quality data provides consumers with a more convenient and effective way to achieve transparency in their care.

As shown throughout this report, consumers can compare prices for some services, creating a more retail-like shopping experience. We anticipate this trend to accelerate as healthcare providers seek to gain or maintain market share. Also, health plans will guide patients toward lower-cost, higher-quality providers. With technology that integrates data, these plans will offer the transparency that consumers seek regarding prices and the quality of care.

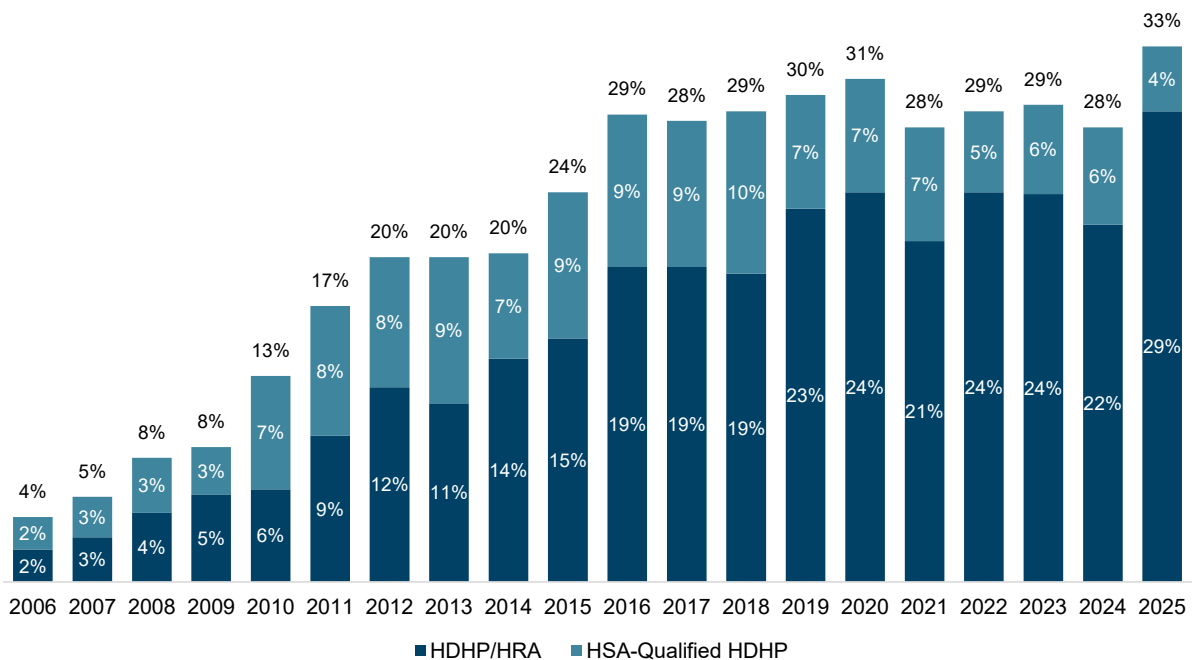
Factor Three: More Financial and Quality Responsibility Borne by Healthcare Consumers

The third tenet of our consumer-centric healthcare thesis is that consumers, in general, will make better healthcare decisions and healthier lifestyle choices when their own dollars are at risk and as they become more engaged in their overall care journey. And one key driver of this change, in our view, is the increase in high-deductible health plans across the U.S.

High-Deductible Health Plans (HDHPs)

According to the KFF 2025 Employer Health Benefits Survey, the percentage of covered workers enrolled in an HDHP, HRA (health reimbursement arrangement), or HSA-qualified (health savings account) HDHP has increased substantially over the past two decades. In 2006, only about 4% of workers were enrolled in an HDHP or HRA. By 2025, this percentage increased to about 33%, as shown in exhibit 15. *Although the prevalence of these types of health plans has fluctuated in recent years, we anticipate that inflationary trends in healthcare at the employer level will drive an increase in HDHP coverage in 2026 and beyond.*

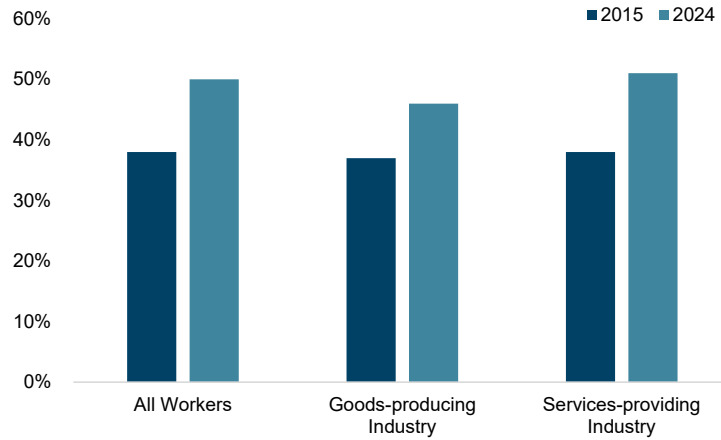
Exhibit 15
Consumer-Centric Healthcare
Percentage of Covered Workers Enrolled in an HDHP, HRA, or HSA-Qualified HDHP



Sources: KFF Employer Health Benefits Survey; William Blair Equity Research

Data from the Bureau of Labor Statistics similarly shows the availability of HDHPs for all private industry workers, including in both goods-producing and services-providing industries. In 2024, about half of all workers had access to an HDHP, and this rate is relatively consistent between goods and services industries.

Exhibit 16
Consumer-Centric Healthcare
Availability of HDHPs for Private Sector Workers



Source: Bureau of Labor Statistics

We believe that the data presented above indicates a greater financial responsibility for health-care consumption by consumers, which is a key factor in driving consumer-centric healthcare into the mainstream.

Consumers Are Bearing a Larger Share of Overall Medical Cost as Well

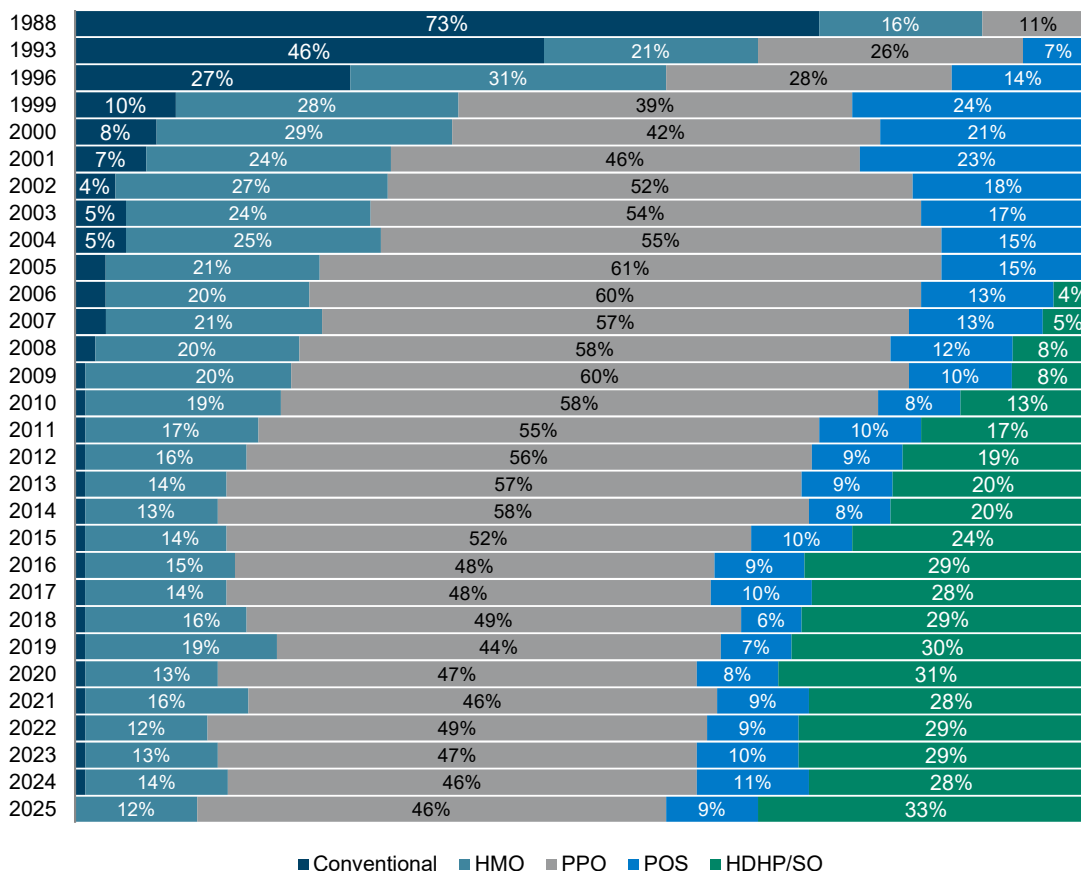
Each year, KFF and the Health Research and Educational Trust (HRET) release a detailed survey of the employer-sponsored insurance market. The latest edition highlights an important trend: employees are shouldering a larger portion of healthcare costs; this issue has been evident and has persisted since we published the first edition of our *Consumer-Centric Healthcare* report in 2005.

The percentage of covered workers who enroll in HDHPs has increased markedly over the last decade, while plan structures like HMOs and PPOs have generally seen their market share shrink. Specifically, looking at 2025, data show that the share of HDHPs and HMO products increased modestly year-over-year (exhibit 17). HDHPs increased to 33% of health plan enrollment (from 28% last year), while HMOs remained relatively unchanged at 12%.

Overall, the HDHP mix has remained relatively constant in recent years, although we note the mix in 2025 marked the highest percentage on record, according to HRET and KFF data. Furthermore, HDHPs still have the second-largest enrollment percentage, behind only PPOs, for the 14th year in a row, demonstrating the durability of this type of plan in the marketplace over an extended time frame, in our view.

As HMOs tend to narrow the network of providers and service locations available to a patient, this typically means they are also the least expensive product in the insurance marketplace. Thus, given the elevated cost of care and recent economic uncertainty, we believe some patients have continued to favor such plans to achieve greater cost savings. Still, we have witnessed this trend shift back in favor of more consumer-oriented products over the past few years, ultimately reflecting a continuation of the longer-term growth trajectory, in our view.

Exhibit 17
Consumer-Centric Healthcare
Distribution of Health Plan Enrollment for Covered Workers, by Plan Type

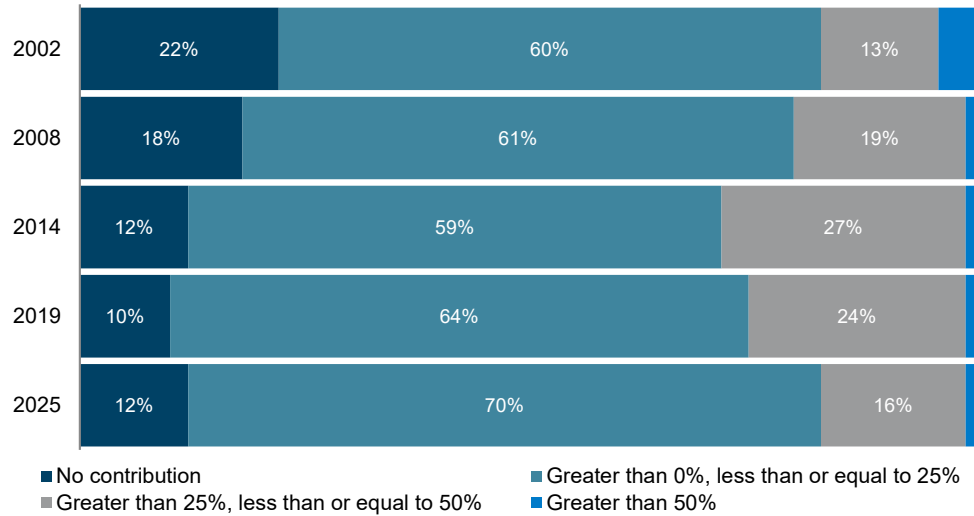


Source: Kaiser Family Foundation/Health Research & Educational Trust, Employer Health Benefits Survey (2025)

Given that HDHPs typically have relatively lower premiums, we believe one of the drivers of the shift toward these plans has been an increase in the *portion of the monthly premium* taken on by employees.

For instance, the mix of workers who make no contribution to their premium for single coverage has decreased from 22% in 2002 to only 12% in 2025, while the proportion of workers who pay between 25% and 50% of their premium has increased from 13% in 2002 to 16% in 2025 (exhibit 18). It is interesting to note that the mix of workers paying between 25% and 50% of premiums has fallen considerably since 2014.

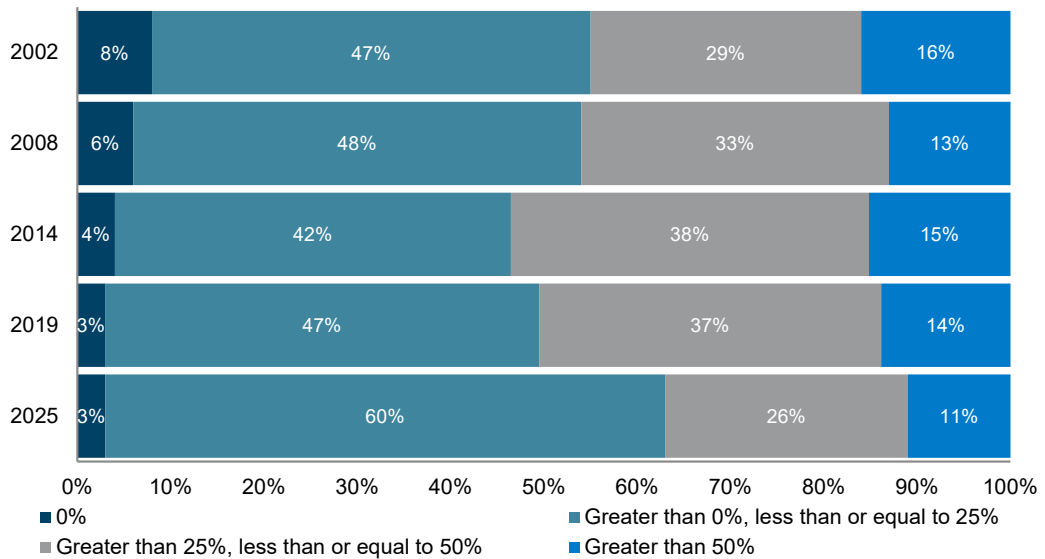
Exhibit 18
Consumer-Centric Healthcare
Distribution of Portion of Premium Paid by Workers for Single Coverage



Source: Kaiser Family Foundation/Health Research & Educational Trust, Employer Health Benefits Survey (2025)

A similar trend can be observed for family coverage (exhibit 19); in 2002, 8% of workers made no contribution to the premium, which fell to the low single digits in 2019 and has remained at that level since.

Exhibit 19
Consumer-Centric Healthcare
Distribution of Portion of Premium Paid by Workers for Family Coverage



Source: Kaiser Family Foundation/Health Research & Educational Trust, Employer Health Benefits Survey (2025)

Overall Premiums Continue to Trend Higher, but Worker Responsibility Falls

Employees and employers alike are facing higher overall costs related to annual insurance. According to KFF's 2025 Employer Health Benefits Survey referenced above (see exhibit 1), employee contributions for family healthcare coverage were \$6,850 in 2025. Average premiums increased by 5% for single coverage and 6% for family coverage, compared with a 4% wage increase and 2.7% inflation over the past year. The average employee contribution is now roughly 25% of total premium spending, compared with 26% in 2020 and 28% in 2015.

While this suggests that employers are attempting to take more of the healthcare burden, possibly to help attract and retain talent, we believe the larger picture is the growth in total healthcare costs. Employer contributions have risen nearly 59% over the past decade, while employee costs have increased by more than 37% since 2015.

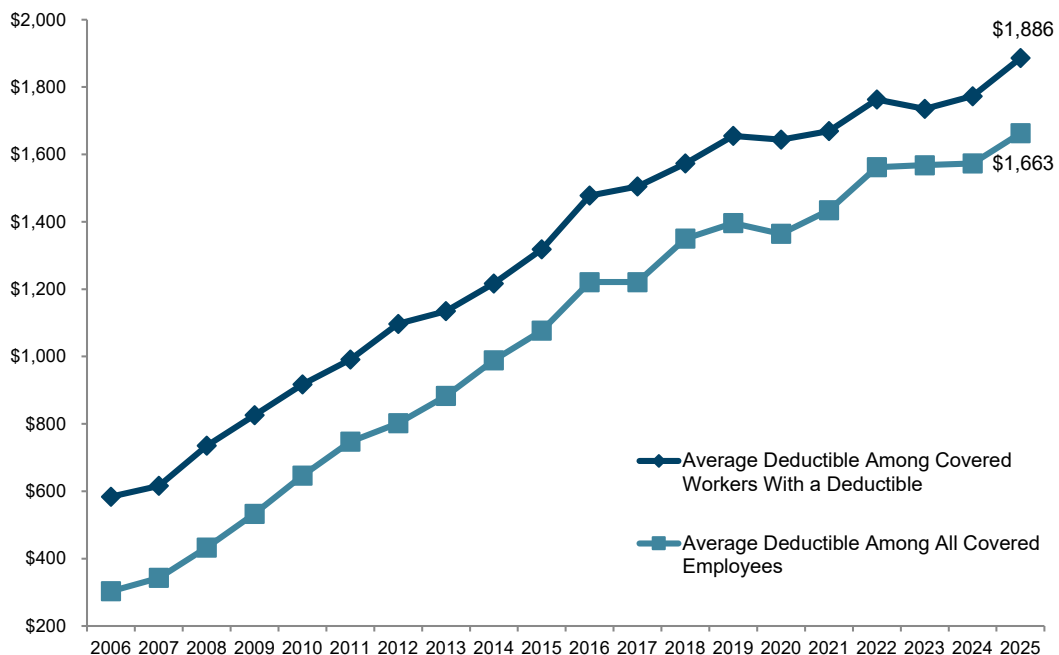
Deductibles Also Continue to Increase Markedly

Given these increases in HDHPs, it should come as no surprise that individuals' overall cash payments toward meeting healthcare deductibles have increased markedly over the past several years as well.

On a multidecade basis, we believe deductibles have expanded at a faster pace than worker earnings. More recent trends suggest that the rate of growth for deductibles and earnings has moved closer to parity, perhaps reflecting the unique macroeconomic climate since 2020. In the 2025 Employer Health Benefits Survey, Kaiser found that the average deductible for single coverage grew at a rate of 23% over the past five years, while average wage growth increased at a 28.6% rate (and inflation was about 23.5% during this time frame).

A similar trend is evident when examining the average annual deductible for single coverage in the U.S. Since 2006, this amount has increased more than threefold; specifically, the average deductible for a covered worker rose from \$567 in 2006 to an average of \$1,886 in 2025.

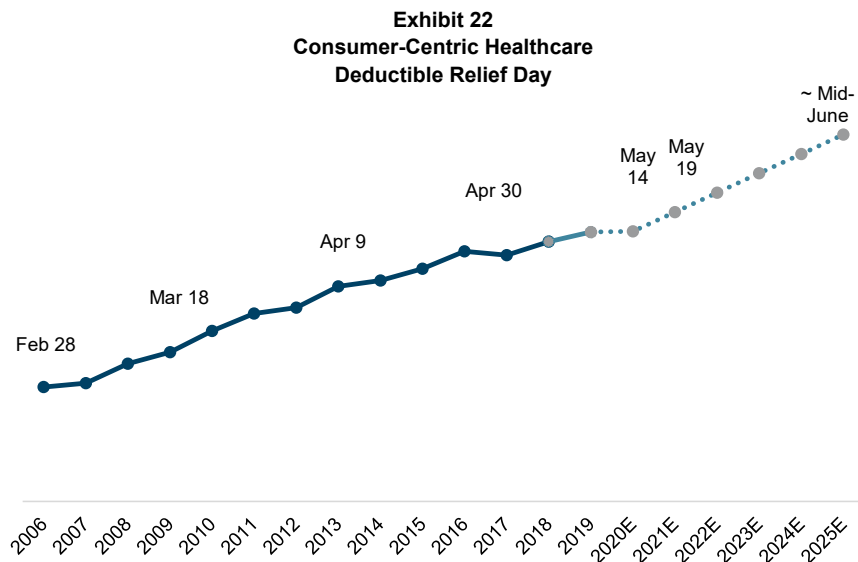
Exhibit 20
Consumer-Centric Healthcare
Average Annual Deductible for Single Coverage, 2006-2025



Source: Kaiser Family Foundation/Health Research & Educational Trust, Employer Health Benefits Survey (2025)

Kaiser conducted a study of the “deductible relief day,” or the day of the year when average health spending among people with large employer coverage exceeds the average deductible for that given year. As exhibit 22 shows, the number of days to reach deductible relief day has increased markedly since 2006. This study (from 2019, the most recently available data) estimated it took patients well into May before reaching their deductibles, which exacerbates the affordability challenges faced by many consumers.

Based on a linear extrapolation of historical patterns, we believe it is likely this methodology points to the deductible relief day falling in June 2025.



Sources: Kaiser Health Analysis of data from IBM MarketScan Database and the KFF Employer Health Benefit Survey; William Blair Equity Research

In our view, this is also an interesting chart for broader healthcare investors as it could change the seasonality in healthcare demand over time, as consumers wait longer for medical procedures to obtain services after fulfilling their deductible. Still, there can be other nuances that impact patient utilization patterns. More specific, rising deductibles push out the time frame for deductible relief each year based on historical utilization patterns.

Management of Waystar, a leading provider of end-to-end RCM software, has noted the opposite trend in 2025. Elevated utilization in 2024 and 2025 drove faster realization of deductibles earlier in the calendar than would otherwise be expected. The company expects some normalization of this going forward. We believe this could be an anomaly, but note this trend as an important nuance regarding the relationship between deductibles and the seasonality of utilization.

Health Savings Account (HSA) Balances Are Also at an All-Time High

HSAs have become an increasingly common part of employee benefit packages, as employees seek solutions to mitigate their increasing healthcare financial responsibility. According to the 2025 HSA Survey from Plan Sponsor Council of America, three-quarters of employees with an HSA made contributions to their accounts in 2024. Prior editions of this survey have indicated that more than 90% of employers offer a company-sponsored HSA program with pretax contributions.

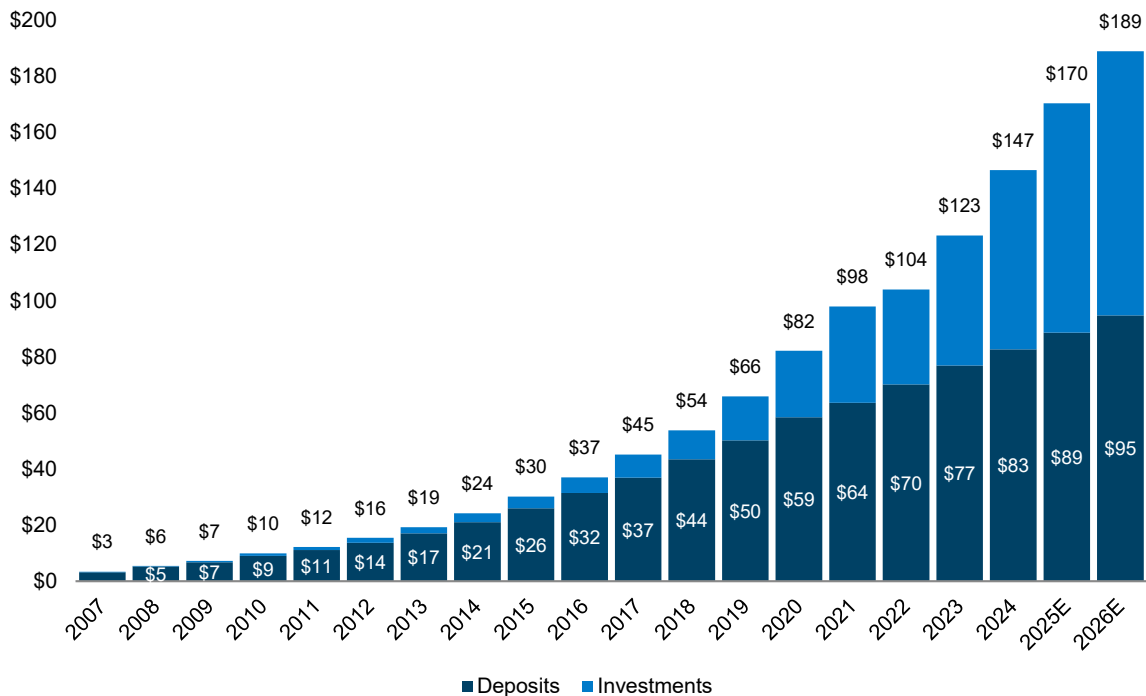
Furthermore, 20% of participants now invest their HSA savings, up from 18% in the prior-year survey. In addition, two-thirds of employers now offer investment options, marking a 12% increase over the past two years.

Employees often turn to health and wellness programs as a means to improve employee engagement and drive costs lower over time. According to the report, more than 60% of large organizations reward employees for participation in health and wellness programs, and half do so using HSA contributions.

As participation in HSA programs continues to expand, average HSA account balances reached an all-time high in 2024. Average account balances hit \$6,489, up 5% from the prior year. On the contribution front, employees contributed \$2,802 on average, up about 7% from \$2,609 in 2023.

Total HSA balances also reached an all-time high of \$146.4 billion in assets in 2024, up 19% year-over-year, according to the 2025 *Midyear Devenir HSA Research Report*. By the end of 2025, these assets are expected to have increased another 16%, with continued double-digit annual growth expected through 2027, exceeding \$208 billion in assets held at more than 40 million accounts (exhibit 23). We view this data as another indicator of increasing CDHP popularity, as consumers seek investment vehicles that help offset the increasing healthcare cost burden and put more healthcare spending dollars under their own purview.

Exhibit 23
Consumer-Centric Healthcare
Total HSA Assets (\$ Billions)

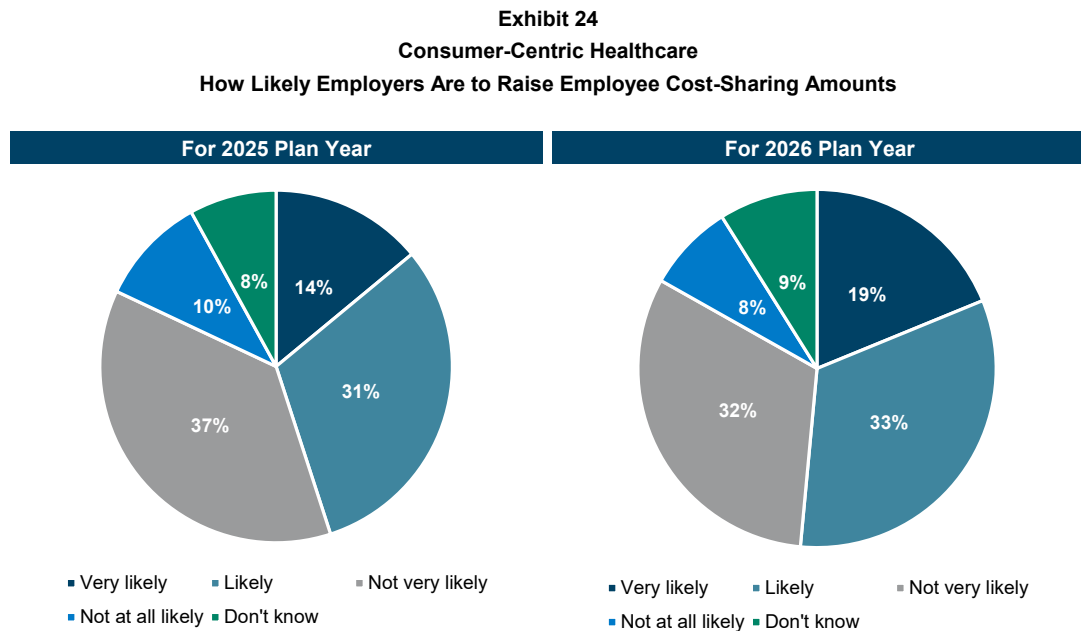


Source: 2025 Midyear Devenir HSA Research Report

How Employers Are Helping Workers Deal with Rising Healthcare Costs

In response to rising costs, employers are increasingly seeking innovative solutions to improve health outcomes and reduce employees’ financial burdens. According to Mercer’s Survey on Health and Benefits Strategy for 2026, healthcare benefits are expected to rise 5.8% for 2025, compared with 4.5% in 2024.

With cost growth accelerating, employers indicated they are more likely to make plan design changes that incrementally shift costs toward employees (consistent with long-term trend data that we have highlighted throughout this section). According to the Mercer report, a tight labor market in recent years has left employers reluctant to make significant changes to plan design, but an accelerating healthcare cost trend is becoming too much of a burden. As shown in exhibit 24, for plan year 2026, more than half of employers are either “likely” or “very likely” to raise employee cost-sharing amounts.



Source: Mercer (Survey on Health & Benefits Strategy 2026)

While the rising medical cost trend pushes employers to pass on cost-sharing with employees, employers also look to provide benefits to help with affordability. For example, Mercer found that 12% of employees offer free employee-only coverage in at least one medical plan. Because HDHPs can be challenging for employees with limited savings or chronic medical conditions, 37% of employers offer a plan with either no deductible or a low one (e.g., co-pay-only plan).

To help curb, or at least slow, the growth of healthcare costs for employees, ultimately making healthcare more affordable, we believe employers are also focused on steering patients to quality providers through high-performance networks. According to Mercer, more than one-third of employers use high-performance networks or other network optimization strategies.

There are different strategies to implement high-performance networks, such as an overlay on top of a broader PPO network with a major carrier, through an independent vendor, or with variable co-pay plans (which are growing particularly well in industries with lower-paid employees). Under a variable co-pay plan, employers offer a benefit design with a low deductible and a co-payment for services that varies based on fees charged by the provider, which are typically communicated up front allowing patients to shop around for care. According to Mercer, 7% of all large employers offer or will offer a variable co-pay plan in 2026. When such plans are offered, Mercer finds that 28% of all covered employees enroll in this type of plan product.

To reiterate the data above, the affordability of healthcare remains a major concern for many workers, especially those with low wages or chronic health conditions. Recognizing this challenge, many employers have acknowledged that high-deductible, HSA-eligible health plans do not suit every employee. While high-deductible and HSA-eligible health plans have increased in demand over the past decade, we believe employers are beginning to turn toward alternatives through benefits and plan design.

As another example, employers are starting to leverage exclusive provider organizations (EPOs) as a lower-cost alternative to preferred provider organization (PPO) products. EPO plans use exclusive provider networks to lower costs. In 2024, Mercer estimates that 12% of large employers and 29% of jumbo employers (with more than 20,000 employees) offered EPOs. Compared with PPO plans, EPOs typically have lower annual medical plan costs per employee, have lower average monthly contributions for employee-only coverage, have higher average actuarial value, and are less likely to require a deductible.

Exhibit 25
Consumer-Centric Healthcare
EPO vs. PPO Plan Comparison

	EPOs	PPOs
Average annual medical plan cost per employee	\$16,520	\$16,868
Average monthly contributions for employee-only coverage	\$156	\$185
Average actuarial value	95%	89%
% requiring a deductible	69%	96%
Median individual deductible	\$750	\$750
% including a high-performance network	17%	8%

Source: Mercer (Survey on Health & Benefits Strategy 2026)

We also believe that employers continue to look to digital health solutions like navigation and advocacy services to guide employees to high-value care options. Companies like Transcarent (which acquired Accolade in 2024), Included Health, and Quantum Health lead the industry in providing these services, which help steer patients to use their health benefits effectively and access more-efficient care settings. We view this trend as a highly consumer-centric approach that can help direct patients to the best value care options, ultimately reducing cost trends over time.

Focus on Cost Transparency as a Response to Patient Financial Responsibility

To summarize a key theme discussed in “Factor Two” of this report, we believe that price transparency tools will continue to gain popularity in the marketplace as a consumer-focused value proposition.

We believe that employers have long been interested in price transparency regarding healthcare costs. As consumers increasingly face a growing financial burden for healthcare, it stands to reason that they too would seek greater cost transparency, just as they do in other areas of their spending. In other words, many patients who are more likely to make consumer-driven choices in their healthcare are looking for more affordable options, more accurate information, or simply better value for their money.

The Bottom Line

In our view, the rise of plan structures that require beneficiaries to shoulder a larger proportion of healthcare costs—although not always greeted positively by consumers—will ultimately make patients larger stakeholders in healthcare purchasing decisions, thereby creating incentives to seek quality care at a lower cost.

Factor Four: Health Insurers, Employers, and Consumers Are Embracing Consumerism

Over the last several years, there has been a continuing increase in the adoption of consumer-driven strategies by providers, insurers, and employers, with a specific emphasis on patient engagement tools, digital outreach, and account-based health plans (e.g., HSAs and HRAs).

Overall, the cost-effectiveness and improved outcomes associated with these consumer-focused initiatives are a trend we believe will continue to build momentum in the coming years.

We also see traction in defined-contribution plans, with employers now providing their workforce with a fixed-dollar amount for healthcare coverage and considering plan design changes to shift future costs to employees (e.g., ICHRAs), which we believe can be a significant area of growth in the coming years.

Also, we see the potential for providers to embrace a more focused, consumer-centric approach as engagement and touchpoints with consumers become increasingly important, and as providers need to generate lower costs and compete on price and quality to be included in designated health plan networks. Below we provide data from 2025 on how consumers appear to be embracing these changes.

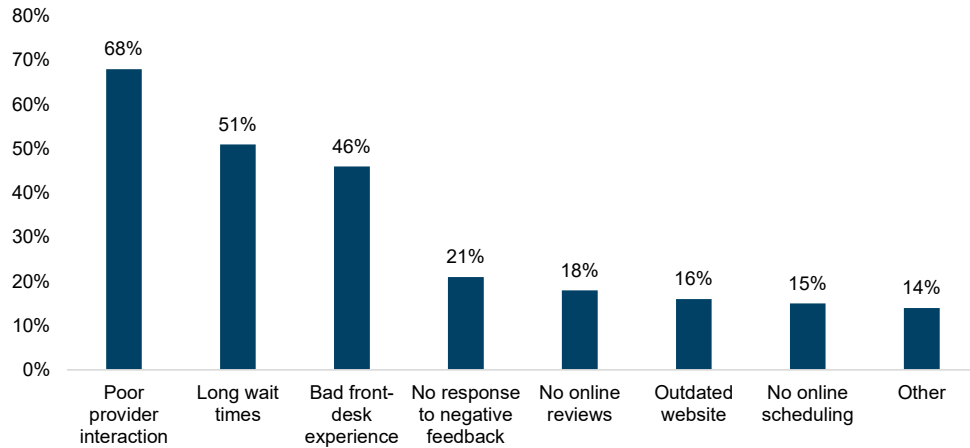
Consumer Research Is Becoming More Common; Providers Need to Accommodate Consumerism Tools and Products

Consumers are increasingly evaluating health decisions with the same level of consideration as when purchasing expensive products or services. Put simply, today's consumers approach health-care purchases with the same level of thought as for expensive products like a car or a new phone and are more likely to switch providers if their needs are not met. Thus, one way providers and health systems can keep consumers engaged is by providing tools and products that treat consumers as shoppers and encourage them to make informed choices.

According to Tebra's 2025 *Patient Perspectives* [report](#), for example, 56% of patients use Google or another search engine to find patient reviews. We believe these reviews are important as patients value them more than ever, with 77% of individuals reading reviews before choosing a provider, up from 67% last year. Moreover, 69% of consumers say positive reviews are "extremely" or "very important" when selecting a provider, up from 62%.

Also, patients are not waiting to see if the care or service will improve and are increasingly likely to switch providers; 82% of patients in the Tebra survey said they gave providers only one or two opportunities before switching. Some reasons for the rapid decision to switch providers are provided in exhibit 26.

Exhibit 26
Consumer-Centric Healthcare
Which of the following would make you instantly consider switching providers?



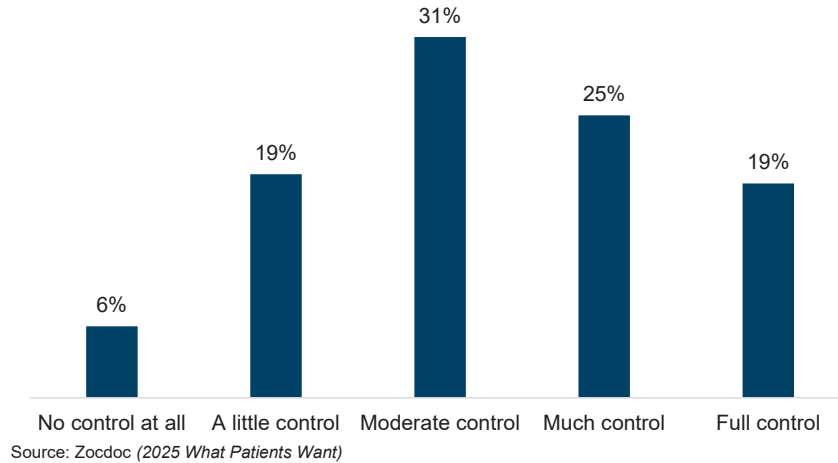
Source: Tebra's (Patient Perspectives Survey 2025)

When choosing or switching providers, consumers prioritize specific factors that ensure easy access and communication within healthcare practices. The main components in selecting a provider are the availability of online tools and the ease of communication, and the frustrations consumers are feeling show the need for greater consumerism for patients.

The availability of digital tools that give consumers a sense of personal presence could be a clear differentiator in provider selection if offered. The behaviors that consumers exhibit when considering switching providers underscore the opportunity for organizations to retain patients by investing in tools that give consumers a sense of engagement and ensure their personal preferences are met.

The *2025 What Patients Want survey*, published by Zocdoc, further examined how patients feel about the control they have over their healthcare, and the majority believe they still do not have much control. Exhibit 27 shows how much control consumers believe they have, highlighting that there are still steps needed to improve access and convenience in the care journey. A way to provide that to consumers is through digital tools that offer a retail-like experience, with virtual-first options and AI-powered navigation tools.

Exhibit 27
Consumer-Centric Healthcare
How much control, if any, do you feel you have over your own healthcare?

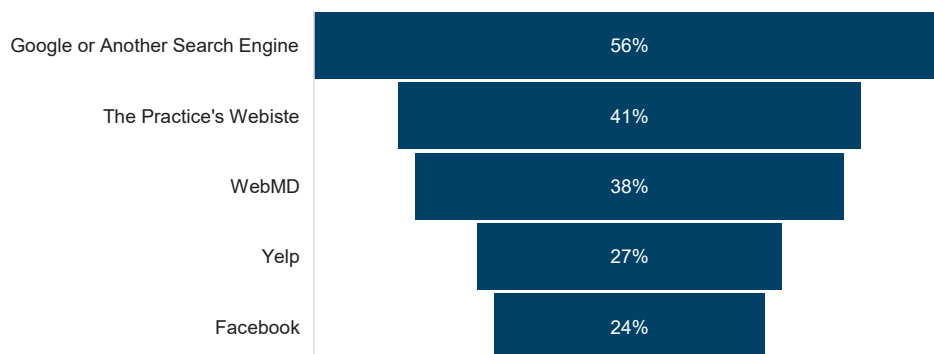


As noted earlier, UnitedHealth Group is now focused on using consumerism to help members find providers, having rolled out Smart Choice. This network lets members use an AI-navigator to find providers, making the provider section easier and more user-friendly. The network uses AI to match members with providers based on numerous characteristics, such as weekend availability, language, proximity, and benefit plan, to create a more personalized fit. UnitedHealth Group wants Smart Choice to act like a store where customers can pick providers that best meet their needs, and it is responding to the growing importance of ease-of-use platforms for consumers.

The way patients look for reviews when choosing their provider has also evolved over the years, and consumers increasingly rely on digital channels to gauge feedback and evaluate providers. Consumers still use Google as the top search engine, but they use other online channels at increasing rates as well.

Exhibit 28 highlights the range of digital channels consumers use, and we believe the growing number of channels reinforces the importance of providers having a digital engagement strategy to maintain information across platforms, enabling consumers to compare and choose the best fit option, which is another strategy used to provide consumerism.

Exhibit 28
Consumer-Centric Healthcare
Where Patients Look for Reviews



Source: Tebra's (Patient Perspectives Survey 2025)

Online Accessibility and Convenience Remain in High Demand With Patients

In our view, healthcare online tools, such as payer and provider websites, have room for improvement. However, there has been a persistent focus on strategic initiatives in patient outreach, scheduling, and messaging that is driving enhancements here.

For example, J.D. Power released its *2025 Healthcare Digital Experience [study](#)* and noted that the biggest challenge for consumers is finding the needed information through insurers' apps. Consumers reported that payers failed to make accessing key data straightforward 39% of the time. Still, the number of people using their plan's app has increased, with 37% of members using it this year, up from 31% in 2024. We believe this trend underscores the opportunity for payers to engage with consumers positively, especially as AI can enhance the overall effectiveness and accuracy of these offerings.

As another example, The Harris Poll conducted a U.S.-based survey called *Consumer Survey on Personal Health Technology* in July 2025, and the results revealed that consumers are willing and interested in engaging and taking more control of their health decision-making. *Three-quarters of respondents would like an app that helps them better understand their health over time and provides personalized health recommendations from healthcare professionals. Also, 81% believe that easier access to their health information would make them feel more in control of their health.*

Eight of 10 Americans wish they could access all their health information in one place, with more than one-third reporting that they use multiple platforms across their various healthcare providers, making it more difficult to gain a holistic view of their health. This growing demand for unified, intuitive digital health tools underscores a broader shift toward consumer-centric healthcare models that prioritize transparency and interoperability.

Examples of Accessibility and Convenience for Consumers

To conclude, we highlight several company initiatives that help with accessibility and convenience for consumers.

UnitedHealthcare, a payer that has embraced a consumer-driven model, is launching a UHC store that will be a digital direct-to-consumer marketplace within its app and website. The platform will allow 18 million commercial members by the end of 2025 to shop year-round for discounted health and wellness offerings to supplement their employer-sponsored benefits. The store will feature programs across women's health, mental health, chronic conditions, and more, to match personal needs with preferences. This store builds on the industry trend of payers placing greater focus on giving more choices and less expensive options for consumers.

Another example of a company offering a more digital experience for consumers is Chicago-based **Rush University System for Health**, which launched Rush Connect Plus, a direct-to-consumer telehealth platform that costs \$19 per month or \$189 per year and is a platform that provides primary, urgent, and specialty care through a subscription model. Rush's strategy to enter the direct-to-consumer market centers on creating a care experience, enabling more patient access and convenience through the telehealth platform, and offering different types of care to accommodate patients' medical care.

Building on the growing shift toward consumer-oriented care delivery, **Oscar Health** introduced its member-facing AI tool, the AI clinical Intake Bot, which will streamline virtual urgent care visits and deliver a digital experience with a retail-like feel. The bot will engage members at the start of virtual visits by conversationally collecting symptom details and automating this data up front, so Oscar can enable clinicians to see the data collection and then focus on diagnosis and treatment rather than administrative tasks. The tool will not provide medical advice but has already reported

meaningful time savings for clinicians. Ultimately, the bot illustrates how AI can enhance personalization and accessibility in virtual care, reinforcing the broader trend toward consumer-centric healthcare delivery.

A partnership between **Praia Health**, **Providence**, and **Labcorp** has significantly improved patient engagement, enabling Providence to connect with Praia Health to streamline its digital patient experience platform with Labcorp's scheduling and lab order systems. As a result of their outreach, the system saw an eightfold increase in scheduled appointments, a 52% rise in bookings from digital notifications, and a 37% rebooking rate for cancelled appointments within 30 days. Lastly, patient bill pay engagement rose 52%, and 23% of appointments were self-modified or canceled by the app. These outcomes underscore the value of a digital patient journey experience that enables health systems to reduce friction and meet consumers where they are. The result of the partnership demonstrates that when companies come together to offer their specific models, they can meet consumers' needs.

The consumer health application called Verily Me, launched by **Verily**, has an AI-enabled front door to personalized care by giving recommendations from licensed physicians who have reviewed an individual's medical record. When the app is getting all physician recommendations, it includes an AI companion to answer any questions about patients' records. As more patients demand access to an integrated digital experience, the launch of Verily Me demonstrates how companies can engage with patients through digital channels.

Something novel we discovered in our 2025 diligence is that patients are looking to pharma companies for care navigation and guidance. For example, according to a [survey](#) by Ixlayer and Ipsos, which included over 400 U.S. adults living with chronic conditions, nearly three-quarters said they would value help from pharma to overcome barriers to accessing care. The study found that 86% of respondents reported using at least one digital health tool, and 92% said their perception of pharmaceutical companies would improve if they provided online health resources. This survey highlights the need for pharmaceutical companies to transition from being solely product-focused to becoming comprehensive healthcare partners. Offering digital-first services can effectively address rising consumer demand for convenience and personal preferences.

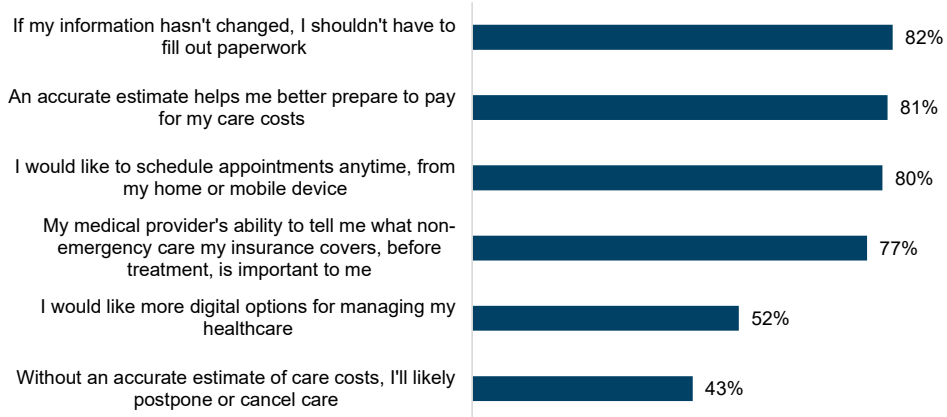
Overall, we continue to see many examples of healthcare organizations deploying digital tools to drive access and convenience for consumers. Organizations that fail to adopt consumer-centric solutions risk losing market share to more innovative and nimble providers.

Patient Engagement Also Remains a Positive Driver of High-Quality Care

Payers and providers are focusing on patient engagement solutions, as more contact with patients will help improve their experience, reduce costs, and improve health outcomes by encouraging preventive care.

According to the *Experian Health 2025 State of Patient Access [report](#)*, the No. 1 access challenge for patients is the inability to see a provider more quickly—25% of participants mentioned this. Although this year was a decrease for the first time in five years, with increases of 15% to 27% between 2022 and 2024, patient access to quick care is the most significant impact for patients. Moreover, when looking at what is most important to patients, there are multiple answers, but the ones that stand out are correct information and care costs, as seen in exhibit 29, which lists the critical barriers for patients.

Exhibit 29
Consumer-Centric Healthcare
What's important to patients?



Source: Experian Health (2025 State of Patient Access)

Again, we believe AI could streamline access and, in turn, communications here. Some examples of how AI could be used include chatbots, assistants, and helping patients navigate the visit and schedule appointments more effectively.

To this end, we note that AI has been a growing focus this year, with providers placing greater emphasis on it and consumers becoming more accustomed to using AI solutions. The *ZS 2025 Future of Health Report*, for example, found that U.S. patients would use AI in healthcare apps for various purposes, with 40% saying they would use it for patient triage, 43% would use it for patient adherence, and 49% for patient education. Given the heightened cost of healthcare, consumers face cost and access barriers, and AI-driven tools can bring healthcare directly to patients by finding them and delivering personalized communication.

A recent *PwC report* similarly examined consumers' willingness to adopt new technology in their care. Exhibit 30 provides examples of the percentage of consumers who would feel positive using AI during their healthcare journey. As consumers become more involved with AI, it will become a bigger part of their healthcare, and providers or companies that give consumers the ability to incorporate AI tools into their processes will gain an advantage in engagement, loyalty, and satisfaction.

Exhibit 30
Consumer-Centric Healthcare
Percentage of Patients Who Would Feel Positive Using AI Tools

Analytics and AI to tailor care plans and treatment	49%
AI-assisted diagnosis	46%
AI assistant to provide health updates and triage	45%
AI-powered mental health companion	39%

Sources: PWC and William Blair Equity Research

Companies are also looking to launch AI tools to improve consumers' quality of care; for example, **Walmart** has rolled out a tool called Everyday Health Signals, powered by AI, that will be a platform for insurers designed to encourage healthy eating. The tool will analyze a consumer's retail purchases on Walmart's website to provide personalized feedback on shopping lists for the best options to optimize the consumer's health.

Walmart is partnering with **NationsBenefits** to connect members using data to meet their health goals and has commented that Everyday Health Signals is the latest step in developing digital tools to support consumers making choices for their health. During the partnership, NationsBenefits will make Everyday Health Signals available to flex card members. The innovation of new products is helping give consumers choice and options throughout the care journey.

Payers are involved in accommodating consumers and having them as the center of care, with **Elevance Health** focusing on and investing in AI tools to help patients' care journey. The company has mentioned using AI in the digital space by making new programs available in the insurer's call centers to make it easier for employees to triage member needs. Also, the company has been using AI to generate call summaries, freeing employees from manual tasks and enabling more efficient service to consumers. Lastly, to identify key touchpoints for consumers, Elevance Health has used AI for personalized, direct patient outreach to close care gaps. A specific example of this is the company's consumer app, Sydney, which uses AI to facilitate live translation from English to Spanish, ensuring patients are as comfortable as possible and ultimately improving consumer satisfaction.

Elevance Health is not the only payer using AI to fulfill consumer needs. CVS Health insurance plan Aetna has rolled out a new AI-powered conversational tool to make it easier for members to understand and navigate their health and benefits. This AI assistant will answer questions about benefits and coverage, while providing an experience that feels less traditional, allowing members to avoid healthcare jargon to secure answers. Aetna's chief digital and technology officer, Nathan Frank, commented on the AI tool as a "transition from traditional experience to more of a consumer health experience." The tool lets consumers have conversations about complex healthcare topics to help create a more comfortable experience accommodating their preferences.

Centene sees an opportunity to develop digital tools with an emphasis on AI by accelerating tasks that will reduce prior authorization to help win over public trust again, and the company believes in accelerating tasks through AI. Sarah London, the CEO, highlights prior authorizations as one task to approve as quickly as possible to improve patients' access to care.

Also, as highlighted earlier, during CVS Health's investor day in December, the company launched a new technology product and service offering called "engagement as a service," a consumer engagement platform designed to simplify care and improve health outcomes. The platform will be built on the existing technology platform and create an open consumer platform that integrates experiences. CVS is developing a fully integrated platform for its entities that includes an AI-native product and other AI solutions already deployed across its business segment. The company is bringing various components into a single, easy-to-use platform. Engagement is the key priority in establishing the consumer platform and delivering a unified experience across its business segments.

Lastly, Cigna unveiled a new co-payment-only health plan called Clarity to promote more access and predictability; the new plan will lean on the company's in-house suite of AI tools to make it easier for enrollees to make care decisions. Clarity will use a tiered co-pay structure that eliminates deductibles and coinsurance, and employers that offer Clarity will have the opportunity to choose from five plan designs, each with its own cost-sharing approach. Also, the plan will give access to Cigna's AI assistant that provides tailored guidance on coverage, benefits, and costs. The clarity plan is another example of the shift in healthcare toward a retail-like experience, where access is becoming simpler and more transparent.

To wrap up the section, we discuss several recent studies that also demonstrate how digital tools could help improve patient engagement.

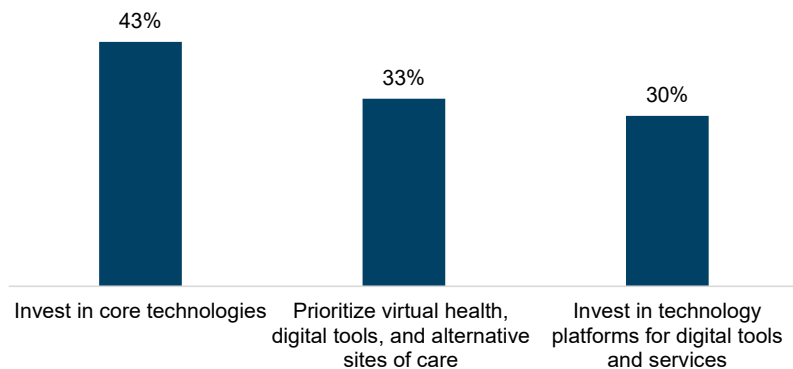
First, the *2025 Healthcare Consumer Study* conducted by HealthEdge looked at more than 4,500 health insurance members and found that only half of healthcare consumers view their health plan as a partner in their care rather than just a payer of medical bills.

In our view, the above examples indicate payers are recognizing the disconnect with members and focusing on transitioning to a more partner-like mindset in the care journey. These steps in creating digital tools and aiming for a more unified and integrated platform are intended to improve member satisfaction and consumer trust in health plans from payers.

According to the *Deloitte 2025 US Healthcare Outlook survey*, the percentage of consumers using connected monitoring devices and digital tools for their healthcare has been growing. Deloitte surveyed 80 individuals, 40 from health systems and 40 as healthcare consumers, and reported that 43% of individuals were using these tools in 2024, up from 34% in 2022. Patients adopt these devices because digital monitoring tools can provide data to support their health concerns, and the increase in adoption reflects a shift toward consumer-centric care, driven by patient demand and convenience.

Also, in the Deloitte survey of 40 health systems, respondents were asked to identify the trends they believed had a significant impact on improved patient care. Results show that health systems are investing in and focusing on digital technology tools, aligning with consumer preferences and the ongoing trend toward their usage.

Exhibit 31
Consumer-Centric Healthcare
Strengthening Core Business Technologies



Source: Deloitte's (2025 US Healthcare Outlook Survey)

Providers and Payers Drive Consumerism in Healthcare Through ICHRA

Like many other segments of the insurance industry, employer-sponsored insurance is facing pressure. As a result, employers are increasingly looking toward Individual Coverage Health Reimbursement Arrangements (ICHRA) to help address rising cost trends.

Under an ICHRA, employers provide a tax-advantaged allowance that employees can use to purchase their own specific health plans, giving employers greater control over plan choices. Although ICHRAs today represent a small percentage of total employee insurance plans, we have

observed increased adoption in recent years, particularly among small to midsize employers. This trend suggests a shift in employer-sponsored coverage toward defined-contribution and consumer-driven models.

Sarah London, the CEO of Centene, was interviewed by *Modern Healthcare* and was asked about the growth in ICHRA. She explained, “We did a pilot two years ago. Last year, we expanded into six states. We’re further expanding this coming year. We’ve spun up a dedicated team and really are treating it like a startup and a focused investment area within the organization. The idea that you have younger consumers who were not previously insured and who are, post-pandemic, realizing that actually health insurance is helpful, but they need to find a tailored, affordable product.”

The shift toward more personalized, flexible, and choice-oriented models like ICHRAs, offering retail-like health benefits for employers to shop for their health insurance plans, has continued this year and, in our view, will persist.

The Bottom Line

The data points from last year demonstrate that consumers are more engaged and will continue to have greater control over their healthcare decisions, from the use of AI tools that help manage costs and enhance convenience throughout the journey. The growing prevalence of ICHRAs signals a movement toward defined benefits, promoting consumerism and enabling individuals to make the best decisions for themselves.

Providers that offer transparency and are willing to engage with consumers, ultimately emphasizing ease of access, are best positioned to gain market share. Also, access to information will help consumers become more cost-effective.

Factor Five: Greater Use of HCIT Will Enable the Consumer-Centric Healthcare Revolution

The last facet of our consumer-centric healthcare thesis is that greater HCIT utilization will be driven by a new paradigm of digitally savvy patients who continue to seek a better overall healthcare experience. Consumers are increasingly bearing increased financial responsibility for their cost of care and have responded by expecting a more-efficient healthcare experience that coincides with other areas of their lives (e.g., retail and e-commerce).

The Drive for More-Efficient Healthcare

As we have outlined previously, the COVID-19 pandemic meaningfully accelerated adoption of consumer-centric healthcare IT, pushing solutions such as digital access, telehealth, and patient-engagement tools further into the mainstream. The market experienced moderation in demand for, and the use of, healthcare IT solutions across many domains in 2023 and 2024, given a volatile macroeconomic climate and a shift back toward legacy healthcare workflows.

We attributed this to some combination of normalizing care utilization patterns (e.g., a shift from virtual care back toward in-person care delivery), labor and supply chain expense headwinds that hindered health systems and negatively impacted budgets, and perhaps most importantly, broader economic uncertainty in the marketplace due to rising interest rates and elevated inflation. Over the last three years, we believe purchasers of HCIT solutions have raised their level of scrutiny placed on outcomes and return on investment (ROI) characteristics of HCIT investments, putting tremendous pressure on vendors to demonstrate value or risk losing customer relationships.

We believe this pressure has only been magnified in 2025, as all healthcare stakeholders (providers, payers, pharma manufacturers, and employers) were forced to navigate significant policy uncertainty with long-term implications. In turn, we believe there has been even further prioritization for digital health themes in certain areas that have attractive ROI and payback period characteristics.

Consumer-Centric Healthcare Value Creation

Despite a challenging backdrop for HCIT demand, we believe consumer-centric solutions still rate among the top investment priorities, which is no surprise to us given our thesis that embracing consumer-oriented healthcare is no longer an option for incumbents, along with key strategic areas like revenue cycle management (RCM). In other words, we believe healthcare stakeholders continue to embrace the value proposition of solutions that drive consumer-centric care delivery.

According to a [survey](#) of 240 hospitals conducted by Black Book Market Research in 2025, 88% of respondents mandated ROI projections before approving any healthcare IT purchase (not just for consumer-centric solutions, but for any technology project). Just over half of provider organizations indicated that they delayed or cancelled projects with an estimated payback period longer than two years.

In other words, purchasers of IT solutions are emphasizing overall ROI and time-to-value when allocating capital to IT projects. According to this report, there are four categories established as areas that can drive strong ROI: virtual nursing and AI-augmented observation, RCM automation, cloud imaging, and (most importantly for the purposes of this report) patient self-service and digital front door solutions.

Self-service and digital front door solutions

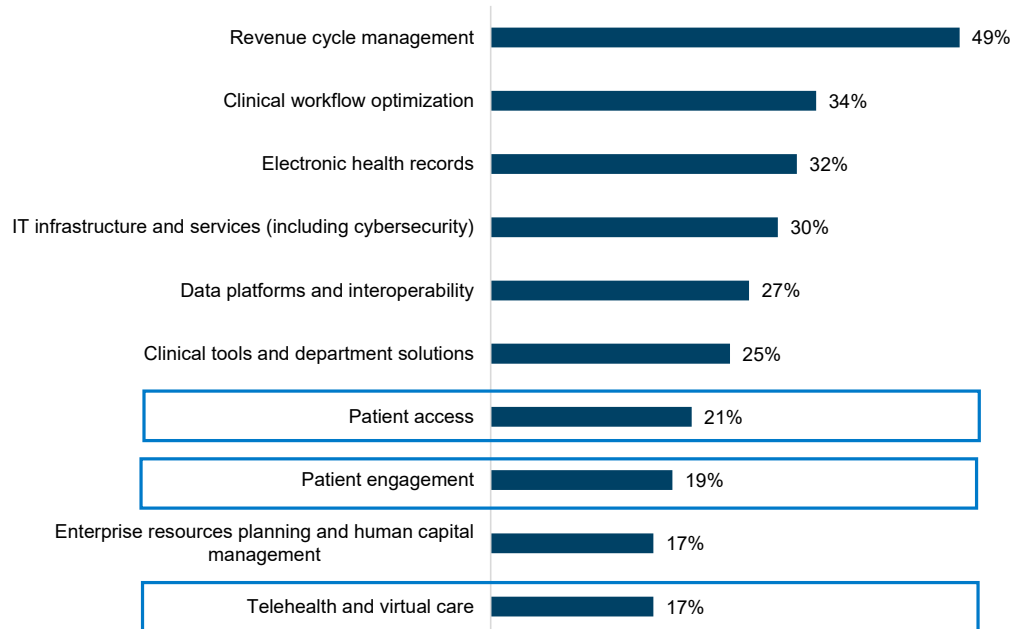
The digital front door refers to all the consumer-centric ways in which patients access care, including online portals, virtual visits, and digital check-in or registration. The Black Book survey specifically noted that respondents implementing patient self-service platforms reported a *20% drop in call center volume*. In our view, this not only better positions healthcare providers as consumer-oriented organizations, but also creates significant operating leverage for healthcare providers.

IT investments

Similarly, a [report](#) from Bain & Company and KLAS Research (*Bain 2025 Provider and Payer Healthcare IT Survey*) speaks to the prioritization of investment priorities based on ROI and time-to-value considerations, pointing to the perceived value-creation potential from consumer-centric IT investments.

Patient access, patient engagement, and telehealth and virtual care are among the top investment priorities for healthcare providers (exhibit 32). Moreover, RCM is by far the top priority for providers in the current market. While the revenue cycle consists of many steps across the lifecycle of a medical claim, we believe the front end of the process (e.g., patient access, payment collections, insurance eligibility verification) is very much an area where providers can take a consumer-centric mindset and drive innovation that speeds the overall claims cycle.

Exhibit 32
Consumer-Centric Healthcare
Percentage of Provider Respondents Citing Each Solution as a Top-Three Priority

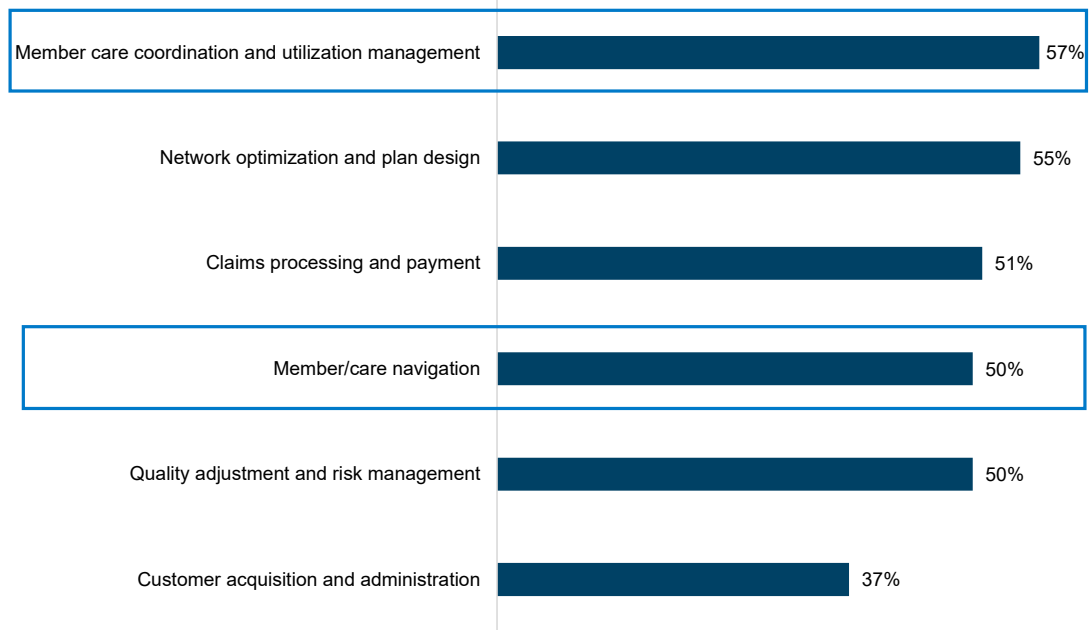


Source: Bain and KLAS Research (*Healthcare IT Investment: AI Moves from Pilot to Production*)

Care coordination and navigation

Moreover, the Bain and KLAS Research survey similarly found that payers are prioritizing consumer-centric value propositions like care coordination for members and care navigation to help patients find high-quality providers.

Exhibit 33
Consumer-Centric Healthcare
Percentage of Payer Respondents Citing Each Solution as a Top-Three Priority



Source: Bain and KLAS Research (*Healthcare IT Investment: AI Moves from Pilot to Production*)

In our view, buyers of IT continue to see value in consumer-centric solutions because they align with consumer demand and preferences in the marketplace. Therefore, we continue to believe that consumer-centric technologies are an investment that healthcare organizations can and should deploy today to drive positive patient experiences and thereby increase volumes and engagement. This is critical, in our view, as providers seek to retain (and grow) market share despite an influx of nontraditional players into the market.

We believe there is a fierce battle to earn or maintain mindshare and wallet share with patients. Simply put, *we believe investment dollars will continue to flow toward the right solutions that meet patient needs, even if there is greater scrutiny on those decisions given current market conditions.*

We believe PwC's [Future of Healthcare report](#) sums up the need for healthcare organizations to invest in consumer-centric care, despite any lingering headwinds for the market. The report stated (emphasis ours):

Patients are frustrated. They are asked to provide the same health information repeatedly, manage medical records via screenshots and PDFs, and even undergo (and pay for) redundant tests. They struggle with long wait times, confusing hand-offs between specialists and the maze of multiple bills for the same episodes of care.

Consequently, we believe healthcare organizations that swiftly respond to patients' changing preferences via relevant tech investments will have a significant competitive advantage in the ongoing consumer-centric revolution. We also believe this trend will only be further magnified by the retail experiences from companies like Amazon as they continue to push further into the healthcare market. Thus, we conclude our 2025 consumer-centric healthcare report with a brief overview of recent data relevant to the adoption of HCIT in the consumer-centric healthcare market.

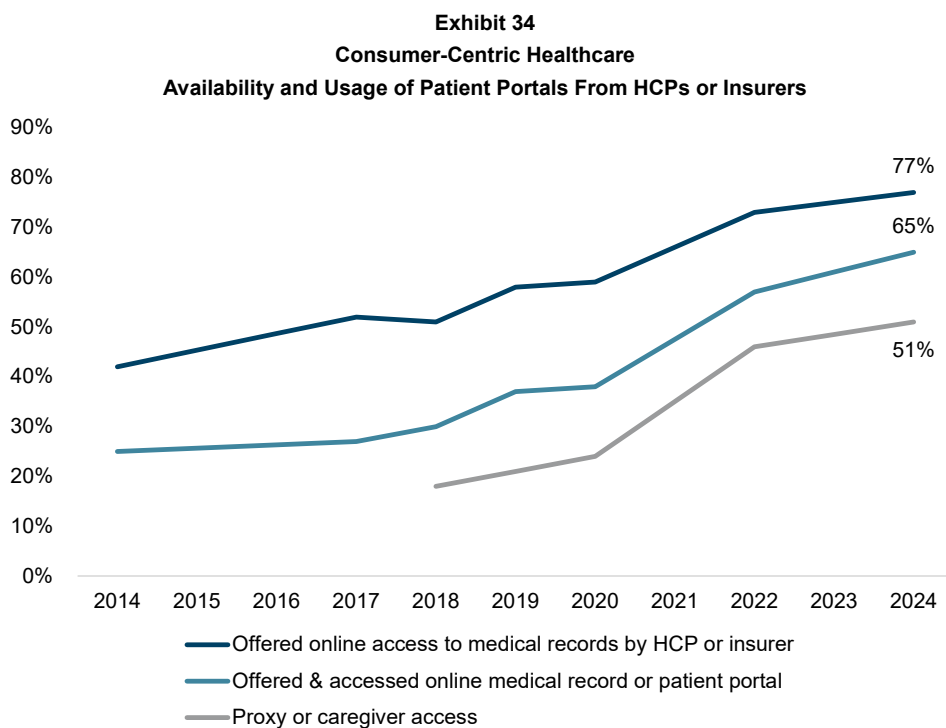
The Time Is Now for Legacy Operators to Invest in Consumerism Strategies

In many ways, 2025 marked another significant inflection point for consumer-centric healthcare, largely because of novel AI-enabled technology tools, as payers and providers react to an evolving and ever challenging marketplace.

As alluded to above, the pandemic had a meaningful impact on the adoption of consumer-centric healthcare IT solutions, but market conditions have caused headwinds and tailwinds to the adoption of these tools. Moreover, the introduction of novel solutions and technology advancements further push digital health into the mainstream, in our view. We agree with the authors in Rock Health’s March 2025 [report](#) (*Screenagers to Silver Surfers: How Each Generation Clicks With Care*) who stated, “From Super Bowl ads to new Airpod features, digital health is now front and center to consumers.”

Patient portals

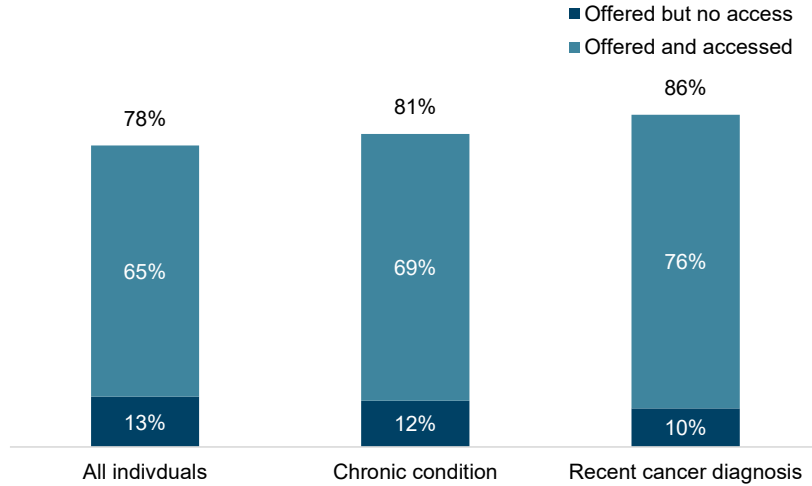
Over the past decade, one digital health solution that grew rapidly in adoption was patient portals, or other mobile applications that give patients access to their medical records. Today, nearly all acute-care hospitals, and most office-based physicians, have an EHR system that allows patients to view their information online (typically through a web-based portal or app). Still, we believe there was a meaningful uptick through the pandemic years in both the availability of portals to patients and the percentage of patients who accessed their portal.



Source: *Individuals’ Access and Use of Patient Portals and Smartphone Health Apps, 2024*

Today, nearly 80% of all individuals report being offered access to a patient portal, and the vast majority of patients reported using it. Patients with chronic conditions tap into their patient portals at a slightly higher rate than all patients.

Exhibit 35
Consumer-Centric Healthcare
Percent of Patients With Access to Patient Portals



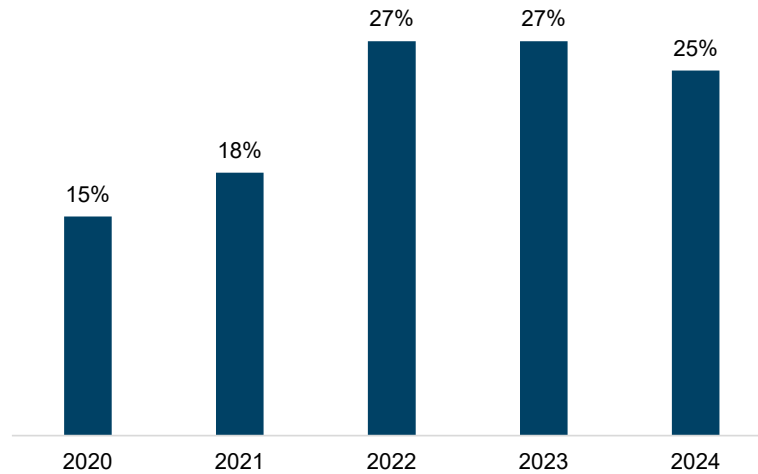
Source: *Individuals' Access and Use of Patient Portals and Smartphone Health Apps, 2024*

Virtual care

Similarly, virtual care is now ubiquitous in healthcare, and we believe consumers are attracted to the convenience of this solution; however, simply offering virtual care is not enough for providers to maintain a competitive position in the marketplace, in our view. As alluded to through this report, access to care is a significant headache for patients.

According to Experian's [State of Patient Access report](#), the No. 1 challenge associated with access to care is the inability to see a practitioner quickly. Interestingly, the share of patients that cited an inability to quickly see a doctor declined slightly from 2023 to 2024, which could reflect the continued growth of virtual options to help address this issue.

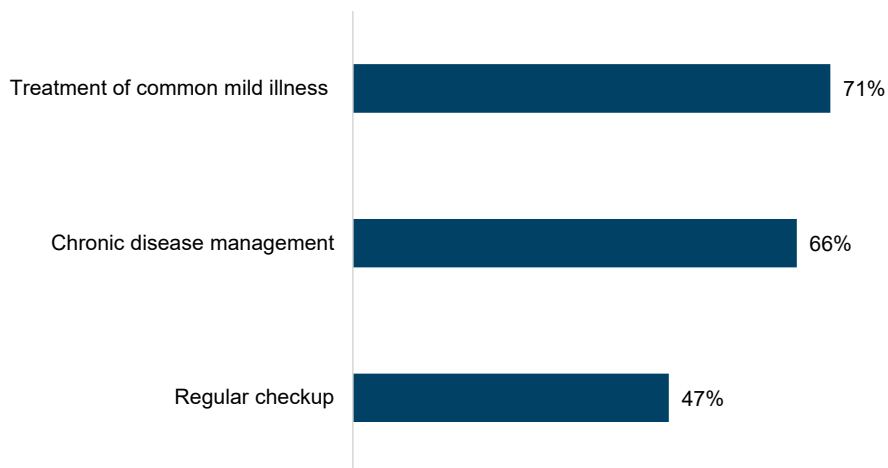
Exhibit 36
Consumer-Centric Healthcare
Percentage of Patients Who Report Inability to See a Practitioner as a Top Access Issue



Source: Experian (2025 State of Patient Access Report)

In other words, consumers appear to be drawn to the accessibility of virtual care, and we believe convenience, shorter wait times and the ability to access a particular clinician who might not otherwise be available as key reasons for choosing virtual over traditional care. Furthermore, we believe consumers have a strong preference for virtual care use-cases to address certain issues like common mild illness (to avoid long wait times at an in-person provider) and ongoing chronic disease management.

Exhibit 37
Consumer-Centric Healthcare
Share of Patients Open to Virtual Care for Various Types of Healthcare Interactions



Source: ZS (2025 Future of Health Report)

While the above data suggests patients' preferences are coalescing around certain use-cases for virtual care experiences, we believe there is still a significant segment of the market that prefers in-person care as well (e.g., exhibit 37 shows that more than half of patients prefer in-person care for regular checkups). It is logical that consumers would prefer virtual for certain use-cases like a quick visit with an urgent care provider to treat a common cold (the team's senior associate can attest to doing this every winter), yet still prefer the touch and connection of in-person engagement for other issues. We believe this suggests providers must think about a true omnichannel strategy that balances a brick-and-mortar presence with virtual capabilities to address the needs of all patients.

In addition, consumer preferences can vary by demographics. For example, PwC's *2025 Healthcare Consumer Insights Survey* found that the millennial and Gen X generations are particularly receptive to novel technology innovations. This may reflect the fact this cohort is often referred to as the "sandwich generation," meaning they may be caring for both an aging parent and children. That additional caregiver burden may lead to greater receptivity to novel technologies that create efficiency in healthcare.

AI solutions

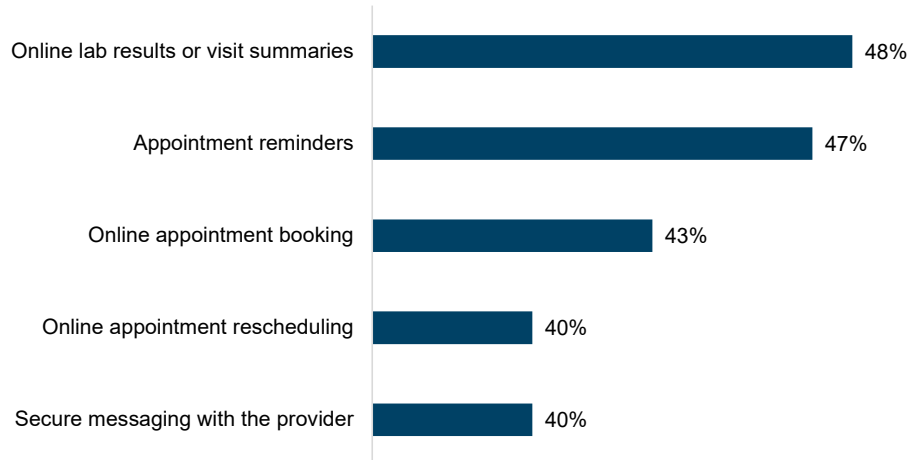
According to PwC, 71% of millennials and Gen X patients are using or are interested in using AI-assisted diagnosis tools (that are reviewed by a doctor), compared with 56% of all consumers. Similarly, 73% of this cohort is interested in using AI-powered care navigation tools, compared with 53% of all consumers. Moreover, the report finds that Gen Z, the first digitally native generation, has greater trust in nontraditional healthcare organizations. More specific, 36% of Gen Z and millennials trust tech and retail companies for care, compared with 21% of Gen X.

In our view, this highlights the need for providers to truly understand patient preferences and curate their offerings based the needs of a target market, including offering a blend of digital and in-person engagement to fully realize a consumer-centric delivery model.

Moreover, we believe there is a clear connection between availability of digital solutions for patients and overall satisfaction, which in turn drives patient loyalty and retention for provider organizations. For example, according to Tebra's 6th annual *Patient Perspectives report*, nearly 20% of patients say the visited the same provider multiple times because of the provider's digital capabilities. Conversely, nearly 15% of patients indicate they left a practice specifically because of a lack of online tools.

Again, we believe this connection between consumer-centric offerings and patient retention is a key reason why providers and payers observe attractive ROI characteristics associated with these solutions, as discussed above. Exhibit 38 highlights some of the key tools preferred by patients that we believe have the biggest influence on patient loyalty and retention.

Exhibit 38
Consumer-Centric Healthcare
Patients' Favorite Digital Tools (% of respondents)



Source: Tebra (*Patient Perspectives* survey)

Despite the tremendous progress made by traditional healthcare organizations in recent years, we believe several opportunities remain to enhance the patient experience toward a consumer-centric vision. And, in our view, *the influx of AI-enabled solutions that are increasingly becoming mainstream could be the next major catalyst for consumer-centric healthcare*. As mentioned in the introduction of this report, OpenAI's analysis suggests that healthcare is among the fastest adopters of AI across all industries.

The *2025 Patient Confidence Index report* from PatientPoint further supports the theme that adoption of AI in healthcare is growing, but patients are still hesitant to share sensitive medical information with LLMs or other technology solutions. According to the report, only 5% of patients indicate they currently use tools like ChatGPT or Gemini for healthcare questions, although 27% of patients say their usage is growing. With this in mind, we believe patients still have greater trust in traditional healthcare institutions (compared to nontraditional operators like the big tech companies deploying mainstream LLMs). According to the report, patients seek healthcare information from doctors 5.5 times more than social media channels and 1.5 times more than search engines.

To this point, we acknowledge that a lot of the initial momentum and use-cases for AI in healthcare have been to automate manual back-end processes, many of which are not inherently visible to patients. Still, we believe the data suggests there are several compelling opportunities for providers to leverage AI to improve patient experience. For example, the report from Bain and KLAS Research found that payers are seeing significant traction regarding AI usage to automate call center operations and member engagement (exhibit 39).

We believe these are two areas ripe for innovation to streamline the patient experience (readers can likely attest to the excruciatingly painful experience of dealing with health insurance call centers). In addition, PwC's report finds that not only are patients most interested in AI for administrative and triage tasks, but also 13% of patients would actually be willing to *pay a premium for AI-orchestrated post-visit support*.

Exhibit 39
Consumer-Centric Healthcare
Percentage of Payer Respondents Citing AI Usage



Source: Bain and KLAS Research (*Healthcare IT Investment: AI Moves from Pilot to Production*)

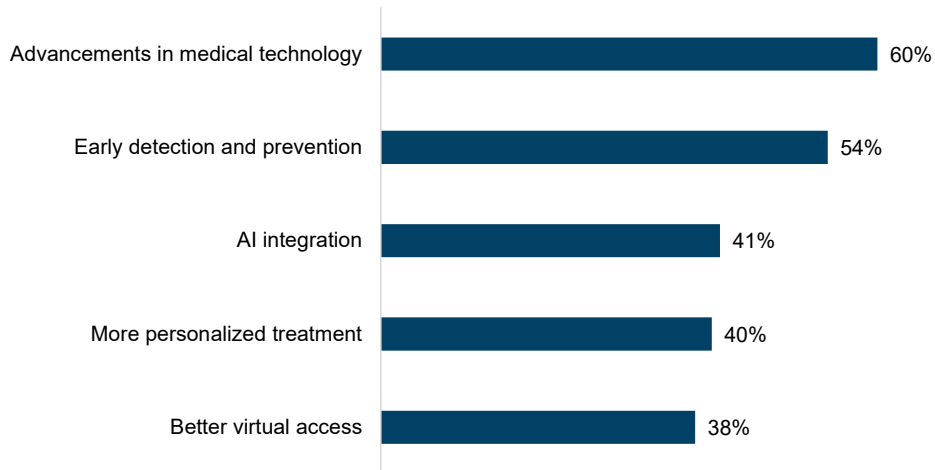
Moreover, patient scheduling was cited by nearly 20% of providers as a top AI use-case, and the vast majority of respondents indicated this was a solution area that is still in a pilot or proof-of-concept stage. We believe this suggests scheduling could become an area of growth as providers look to the next investment priorities after realizing value from initial administrative or back-office focus areas like ambient documentation.

We also see examples of AI automation in the healthcare provider space around automating post-discharge patient engagement. For example, UHS partnered with Hippocratic AI in 2025 to embed AI agents for follow-up calls and post-discharge engagement with patients. Phreesia, an industry-leading provider of patient access and engagement software solutions, introduced several new AI-enabled innovations over the past year. Most notably, the company added automation features to its after-hours call center service with voice AI. The company now offers AI-powered triaging and tracking for inbound patient calls, which we believe enables a more streamlined patient experience and operating efficiency for providers.

Given the balance between rapid innovation and trust and compliance, we believe there is an opening in the market for incumbents to deploy streamlined AI tools that provide patients with a better consumer experience with the data security and privacy protections that are needed.

Still, we believe consumers are broadly optimistic about the promise for technology solutions to deliver on the vision for consumer-centric healthcare. PwC's report, citing an August 2025 survey from *America This Week*, found that 44% of consumers expect healthcare to get better by 2035, compared with only 31% who expect it to get worse. For those who have a positive outlook for healthcare, the optimism is fueled by technology innovations, including AI, personalized treatment, and expanded virtual care access.

Exhibit 40
Consumer-Centric Healthcare
Reasons for Optimism in the Future of Healthcare (% of patients)



Source: PwC (*Healthcare Consumer Insights Survey*)

The Digital Disconnect: Providers Are Lagging to Meet Patient Demand

Despite several data points that consumer-centric care drives financial ROI for healthcare organizations, we believe many legacy operators appear to be progressing only gradually toward full-scale implementation of digital health technologies. Healthcare organizations, including both payers and providers, continue to lag other industries in meeting patient expectations.

According to PwC, 51% of consumers agree the healthcare system “*is fundamentally broken.*” Similarly, in Deloitte’s *2025 Healthcare Executive Outlook survey*, more than 70% of health system executives listed “improve consumer experience, engagement, and trust” as a top priority in 2025. Americans are dissatisfied with the status quo in healthcare.

It is thus no surprise that while patients broadly trust healthcare institutions more than other channels like search engines (as discussed in the prior section), this trust has declined in recent years. According to Qualtrics’ *2025 Healthcare Experience Trends report*, more than 70% of Americans reported trust in physicians and hospitals in April 2020; this number dropped to just 40% by January 2024.

The Qualtrics report found that three key variables impact patient trust the most: emotion, ease, and success. We believe consumer-centric care models provide a pathway to favorably impact each of these drivers of trust. Moreover, there are several strategic areas that we believe particularly resonate with patients that present opportunities for consumer-oriented innovation that can help rebuild trust with patients.

Overall, the aforementioned PatientPoint report found that 86% of patients believe their doctor’s office is “stuck over 5 years in the past.” Two-thirds of patients indicate that a more modern, digitally enabled practice would go a long way in improving their experience, and just under half of patients said that they would be more likely to trust a doctor’s office that is “digitally advanced.” Appointment reminders and portal access were cited as the top-two solution areas that make a doctor’s office feel modern. As we discussed in the prior section, the healthcare industry has experienced meaningful increases in adoption of tools like patient portals, but we believe there is still significant runway to invest in consumer-centric solutions.

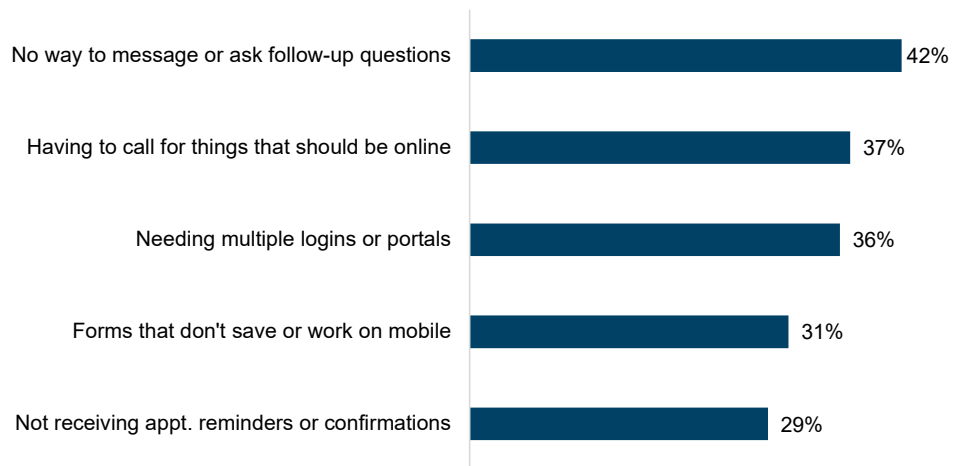
Exhibit 41
Consumer-Centric Healthcare
Features That Make a Doctor's Office Feel Modern (% of patients)

Appointment reminders	71%
Portal access	63%
Online scheduling	53%
Electronic health records	53%
Tech-enabled waiting rooms (e.g., phone chargers)	45%
Telehealth options	43%
Digital intake/check-in	41%
Digital payment options	37%
Smart diagnostic tools (e.g., on-site labs, AI tools)	36%

Source: PatientPoint (2025 Patient Confidence Index)

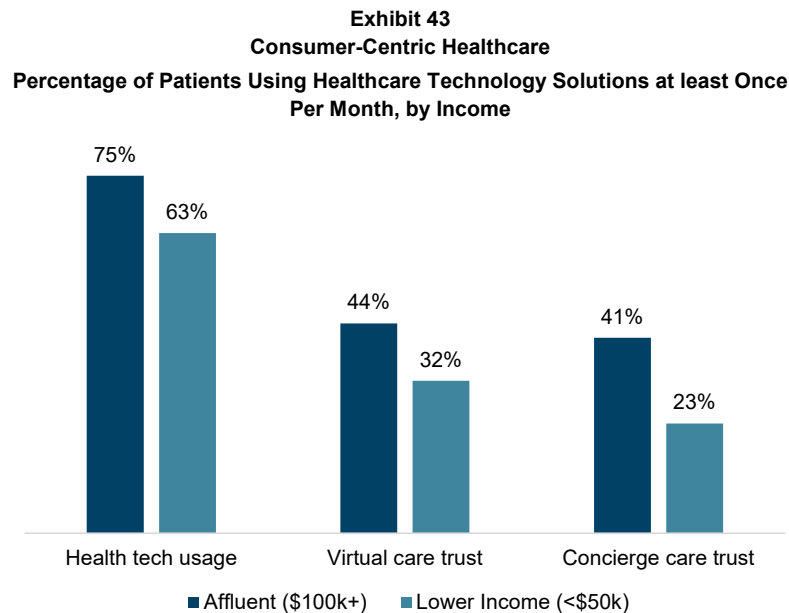
The *Patient Preferences* report from Tebra further illuminates some of the key areas of frustration that patients have with digital health offerings from payers and providers. In particular, the inability to message a provider or ask a follow-up question was cited as the top source of digital frustration. This is key, in our view, as a failure to embrace this functionality could push patients toward more digitally savvy providers or eventually steer them to more self-service using general purpose LLMs or other chatbots.

Exhibit 42
Consumer-Centric Healthcare
Sources of Patients' Digital Frustration (% of respondents)



Source: Tebra (Patient Perspectives survey)

Furthermore, we believe there are significant disparities in how patients access the healthcare system and what solutions are made available to them. For example, PwC finds a 12-point gap in health tech usage between affluent and lower-income consumers. Its analysis also finds a 12-point gap and an 18-point gap in virtual care trust and concierge care trust, respectively. We believe this speaks to the need for healthcare organizations to scale lower-cost innovations that broadly expand patient access to care and build trust through education and partnerships in underserved communities.



Source: PwC (Healthcare Consumer Insights Survey)

Lastly, fragmented technology platforms and siloed data have long been one of the biggest obstacles preventing the manifestation of consumer-centric healthcare. Despite progress in recent years on interoperability, technology fragmentation remains a significant pain point for consumers. Despite the expansion and usage of patient portals, only 26% of consumers consider it “very easy to see their medical records across providers or systems,” according to PwC.

As we have stated in past editions of consumer-centric healthcare reports, an integrated, omnichannel digital-first strategy reflects the holy grail for a health system and should better align incumbents against the evolving competitive threats they face in the marketplace. Overall, we believe it is critical for healthcare executives to remain consistent in developing cohesive HCIT strategies to deliver consumer-centric care.

Healthcare at Home: A Remote Patient Monitoring Spotlight

As we have discussed throughout this report, consumers are beginning to take control of their own healthcare journey. Over the past few years, one subsector, remote patient monitoring (RPM), has often stood out as an example of low-hanging fruit for consumers to be more proactive when managing their own healthcare.

RPM commonly refers to the use of connected electronic devices and tools to record health and medical data. In many use-cases, this data is then shared with a given provider at a different location—meaning patients can be in their own setting, and the data can be viewed by a doctor at a health system, for example.

Deloitte’s 2025 healthcare survey reported growing utilization of remote monitoring tools in 2024. In our view, RPM also will continue to support the movement of bringing care into the home, compared to the traditional acute and post-acute settings. We believe this will help providers deliver on their consumer-centric strategies as it aligns with patient preferences.

As we have alluded to throughout this report, increasing access to care is a key focus for patients and one of the key areas where healthcare operators can deliver on a consumer-centric vision. RPM tools help providers deliver care outside the traditional four walls of the hospital (or physician office), thus increasing access to care and better aligning with consumers, in our view.

We believe consumers are increasingly receptive to incorporate technology like RPM as part of their healthcare journey. According to PwC's Healthcare *Consumer Insights Survey*, 70% of all consumers—and nearly 80% of Gen Z patients—report willingness to use health tech-like wearables (along with other solutions like telehealth and online prescription services).

Moreover, the report suggests that nearly two-thirds of consumers want a healthcare system that is designed around prevention versus treatment (i.e., shifting from sick care to proactive health investment). Wearables and remote monitoring devices can help enable a prevention-based healthcare system, providing insights and ongoing monitoring to alert patients and providers of potential changes in health status before an acute-care visit.

Put simply, we believe adoption of RPM will continue to grow, driven by consumer demand. In particular, we believe consumers are increasingly interested in a broader suite of health and wellness products, which could include RPM tools and connected devices. According to McKinsey's *Future of Wellness survey*, wellness has become more important to consumers than ever, and 84% of U.S. consumers say wellness is a "top" or "important" priority. In particular, younger generations are increasingly placing an emphasis on wellness, as 30% of the Gen Z and millennial population report prioritizing wellness a lot more versus one year ago, compared to only 23% of older generations. We believe this suggests wellness will remain a key trend for years to come.

According to McKinsey's report, health, sleep, nutrition, fitness, appearance, and mindfulness are all popular attributes associated with wellness. Given this data, we believe patients would be receptive to investments by providers and payers to scale up or support RPM and other wellness tools that patients can integrate into their daily lives.

Ultimately, while we are believers in the value proposition of RPM to providers and patients, growth in this category of consumer-centric care delivery will be partly driven by reimbursement over the coming years. RPM reimbursement faces an uncertain future in the coming years.

More specific, CMS has expanded payment for RPM since 2018, adding billing codes to cover more services under Medicare fee-for-service. But the expiration of the pandemic-era Public Health Emergency (PHE) in 2023 removed certain flexibilities that made it easier for providers to adopt RPM strategies (e.g., not enforcing sanctions for waiving co-payments for RPM services).

In our view, the current CMS has broadly expressed an interest in supporting access to digital technologies that drive better-quality care, which we believe could include support for RPM solutions. For example, under the calendar 2026 Medicare Physician Fee Schedule, CMS finalized modest changes that create greater flexibility for the use of RPM billing, which should help drive adoption of these tools, in our view.

Shift to Value-Based Care Is Next Big Driver of Consumer-Centric Healthcare Technology

Further complicating the market landscape is the shift toward value-based care (VBC), which continues to progress as industry stakeholders and policymakers seek solutions to bend the healthcare cost curve. We believe the pandemic accelerated the need for VBC because of the financial stress on providers and challenges on consumers.

To address the former, as fees from standard visits and elective procedures declined due to cancellations and shifts in resources, providers were looking at other avenues and models to generate *recurring* revenues—thus the heightened focus on VBC. As providers are looking for greater financial stability, we believe these value-based, alternative reimbursement models actually support access to care, given the aligning of financial incentives with care outcomes. Ultimately, HCIT helps support this access to care, in our view, through services such as data analytics (to identify high-risk patient cohorts) and telemedicine (to improve access to clinicians).

Put simply, we believe VBC is a model that looks to realign the incentives between all stakeholders, while improving health outcomes for patients. Again, this is the essence of consumer-centric care delivery, in our view, and **HCIT is mission-critical to supporting this transition.**

Overall, we believe VBC models tends to push at-risk entities toward HCIT tools that better engage patients and steer them toward more-efficient care settings (telemedicine, enhanced efforts to engage patients, integrated care coordination, data to understand care gaps, etc.). This in turn helps make sure that care decisions are aligned with quality measures and other benchmarks that are used to determine success in these value-based contracts.

Summary and Investment Conclusions

Overall, we believe that the consumer-driven healthcare revolution is here and gaining steam, and we view the previously discussed developments as evidence that consumer-centric healthcare is continuing to take hold in the U.S. market.

From a payer perspective, we expect that HDHPs will remain a key, and growing, insurance offering over the next decade. We also believe the movement to defined-contribution health insurance plans and private exchanges may reshape the marketplace over the coming years—engaging consumers in healthcare funding decisions up front and markedly increasing demand for price and quality transparency from both payers and consumers.

From an individual perspective, we believe these consumers, empowered with the necessary information and increased financial responsibility, will make more value-oriented healthcare purchasing decisions. Over the longer term, we are also hopeful that this drives the behavior change (combined with the right support systems) that can lead to sustainable healthcare gains (e.g., less obesity and smoking, more active lifestyles, better adherence to therapies, and preventive care protocols).

From a provider perspective, we believe there will be a growing focus on maximizing healthcare IT investments, such as harnessing big data and machine learning/artificial intelligence to improve patient outcomes, reducing unwarranted care deviations, improving system interoperability, and providing more consumer-centric care delivery options (e.g., patient portals, access to electronic medical records, more convenient care locations, and telehealth). We also believe that providers that offer more consumer-centric healthcare will thrive over the coming years by attracting more patients.

In turn, these providers should experience superior top- and bottom-line growth, in our opinion. We also believe most leading providers are moving toward shared-savings models, where they will bear more responsibility for the total cost and quality of care delivered to their attributed patients. In this environment, we expect further investments in consumer-centric solutions, which were unprofitable under fee-for-service models.

Lastly, from a healthcare investor perspective, we believe that superior relative returns can be earned by identifying leaders in the emerging field of consumer-centric healthcare, such as those identified at the end of this report.

To further assist investors in this process, we conclude our report with a review of our key investment themes and risks associated with a more consumer-centric healthcare marketplace.

Emerging Investment Themes

Patient-centric healthcare

A primary theme of consumer-centric healthcare is that patients—not third parties, such as the government, insurance companies, or employers—are gaining more control over their healthcare decisions. A significant implication of this shift, in our view, is that healthcare providers must change to accommodate these newly empowered consumers. We believe that these changes are appearing in the form of benefits, such as more convenience for patients, more information about providers and services, and increased pricing and quality transparency. Providers also must include patient satisfaction as a key performance metric, in our view, as both reimbursement levels and market share gains will be predicated on the patient experience. In our opinion, companies that understand the need to offer these types of benefits to patients (along with the infrastructure to track outcomes and patient satisfaction) will win in this healthcare revolution.

Cost-effective healthcare

Along with patient-centricity, we believe consumer-centric healthcare leads to a more cost-effective healthcare system, in which *payers* (both third parties and increasingly patients themselves) choose to conduct business with the most-efficient, lowest-cost healthcare providers.

As discussed in our previous reports, as healthcare costs grow at above-inflation rates once again, these payers are becoming more sensitive to cost differences among healthcare providers, and we believe the lower-cost companies (with equal quality) will win.

Significant growth potential

In our opinion, the combination of patient-focused and cost-effective healthcare will provide a much-needed solution to perhaps the single-most-pervasive challenge of today's healthcare system: *its cost*.

Until recently, employers typically absorbed these rising healthcare costs for their employees by paying high health insurance premiums. As absolute healthcare costs have reached record highs, however, employers and other payers are increasingly searching for ways to reduce costs. Again, *we believe that consumer-centric companies will be the primary beneficiaries of this development, as they provide low-cost (and often higher-quality, more convenient) healthcare services.*

Moreover, we believe consumer-centric healthcare has emerged, as companies are increasingly coming to the marketplace with more patient-centric business models. As investors become more comfortable with the concept (and its significant growth potential), we believe that successful consumer-driven healthcare companies—such as the ones described in this report—could earn a premium valuation.

Lastly, the U.S. healthcare market is huge, approaching 20% of the GDP in the U.S. Based on our belief that many of the present inefficiencies will be solved by the move toward a more market-driven industry, we believe the opportunity for consumer-centric companies will be immense.

Emerging Investment Risks

The healthcare services industry has become more cyclical

In the past, healthcare utilization generally has trended upward over time, regardless of minor fluctuations in the U.S. economy. We believe this trend has changed, however, as consumers have been given more decision-making and spending responsibility. In turn, we believe patients are making healthcare purchases on a more discretionary basis, especially for elective procedures. This could result in a more cyclical trend in healthcare utilization over the coming years.

Accordingly, we prefer those companies with recurring-revenue models (such as HCIT vendors with significant subscription or maintenance revenue streams or SaaS-based models) or a less discretionary procedure base, both of which help limit short-term volatility in operating results.

Government reimbursement exposure

We expect that consumer-centric companies will experience rapid growth over the coming years. At the same time, we expect CMS to continue to push government-insured lives, in both Medicare and Medicaid, toward value-based care reimbursement models and away from traditional fee-for-service (FFS) reimbursement. In isolation, this is a positive investment attribute; however, if the companies also have significant exposure to FFS government reimbursement, this can prove to be an investment risk.

Accordingly, we prefer companies with limited FFS government reimbursement exposure. Again, HCIT companies or outsourced services providers fit the bill nicely, since they have, in effect, no direct exposure to third-party payers and can help enable the transition toward value-based care.

Pricing risk

Even though consumer-centric operators generally provide lower-cost alternatives to traditional healthcare services providers, they are still subject to pricing pressure from payers (which are further consolidating and gaining scale).

In addition, as commercial payers face increased pressure to rein in premium increases, we expect that pricing pressure (or regulatory measures to control provider pricing) will become more intense over the coming years. Accordingly, we prefer companies that have strong market positions, since this typically affords them stronger negotiating leverage with commercial payers. This strong local presence should also better position operators to offer integrated care delivery and, eventually, to participate more actively in shared-savings models, in our view.

On the HCIT front, we also prefer vendors with solutions that have clear value propositions (e.g., lower readmission rates, workflow and workforce productivity improvement, improved HCAHP scores) and a clear return on investment, as the abovementioned pressure on providers, along with increased pressure on overall utilization, will increase scrutiny of capital investments.

List of Public and Private Consumer-Centric Healthcare Companies

In our final exhibit, on the following pages, we highlight several operators (both publicly and privately held) that we believe are well positioned to thrive in the consumer-centric marketplace of the future.

We also direct readers to our series of quarterly *Healthcare Mosaic* reports (which provide more detailed discussions of companies that relate to each quarterly topic—for example, food-as-medicine, advanced specialty care practice models, aging-in-place, AI in RCM, and employer healthcare cost-reduction enablers). Following the exhibits, we provide a list of links to the *Healthcare Mosaic* reports we have published in 2025.

**Exhibit 44
Consumer-Centric Healthcare
Consumer-Driven Healthcare Operators**

Advanced Medical Practices and Value-Based Care Delivery

Innovative providers that we believe are poised to benefit given the rise of advanced medical practices.

agilon Health	ConcertoHealth	Oak Street Health (CVS)
Aledade	Curo Health	One Medical (Amazon)
Alignment Healthcare	Equality Health	OptumCare (a UnitedHealth subsidiary)
Altruista Health	First Stop Health	Oscar Health
Astrana Health	Humana	Paladina Health
Aspire Health (a recent Anthem acquisition)	InnovAge	Premier
Cano Health	Iora Health	Privia Health
CareBridge	LandMark Health	Teladoc
CareMax	MDLive	VillageMD
Clover Health	MDVIP	Wellvana

Care transition

Providers that offer services or technology to assist with transitions in care or help reduce readmissions.

Aidin	Careport	OpenPlacement
A Place for Mom	Ginger.io	SCI Solutions (R1 RCM)
Axial Exchange	Kyruus	Vivify Health
Cara Health	naviHealth (Optum)	Wellframe
CareInSync	Netsmart Technologies	Wellsky
Caremerge		

Clinical HCIT vendors

Clinical HCIT vendors automate and digitize the flow of clinical health information, which helps create more efficient, higher-quality, better coordinated, and more accessible care for patients.

Abridge	eClinicalWorks	Oracle Cerner
Allscripts Healthcare Solutions, Inc.	e-MDs, Inc.	PointClickCare
AmazingCharts.com, Inc.	Epic Systems	Praxify
Aperture	Greenway Health	Qualifacts
Aprima Medical Software, Inc.	HealthWyse	Quality Systems, Inc. (NextGen)
Arcadia.io	Intermedix	Relias
athenahealth, Inc.	LeanTaaS	Sansoro Health
Augmedix	Madakat	Shareable Ink Corp.
CareCloud Corporation	MatrixCare	Suki
Casamba	MEDHOST	T-System Inc.
Commure	Meditab Software Inc.	TrueBridge
Credible Behavioral Health	MEDITECH	Wellsheet
CureMD Healthcare	Mediware Information Systems	
DeepScribe	Modernizing Medicine	
DocuTAP	Netsmart Technologies (Allscripts)	
Doximity	Nuance	

Source: William Blair Equity Research

Exhibit 44 (cont.)
Consumer-Centric Healthcare
Consumer-Driven Healthcare Operators

Consumer-driven healthcare insurers and enablers

Consumer-driven healthcare insurers and enablers help promulgate the consumer revolution by providing the financial products, high-deductible policies, provider networks, and information tools necessary to make CDHC a reality.

Accolade	Fidelis SecureCare	Onlife Health
Akili Interactive	Flatiron Health	
Aledade	Fora Care, Inc.	OptumHealth Allies (UnitedHealth Group)
Alegeus	Get Insured	OutofPocket.com
Alere Inc.	GoHealth	PDS Health
Alignment Healthcare	Guidespark	Pearl Health
Alliance HealthCare Services	Health Dialog Services Corporation	PeraHealth
American Specialty Health, Inc.	Health Integrated, Inc.	Pharos Innovations
Ayasdi	Health Management Corporation	Phytel (Division of IBM)
BC Platforms	Health Plus Management	PicassoMD
Businessolver	HealthEngine	Pieces Tech
bWell International, Inc.	HealthGrades, Inc.	Plansource
CardioCom, LLC	HealthLeap	Pokitdok
Carrum Health	HealthMedia, Inc.	Privia Health
Castlight Health	Healthmine	Quantum Health
Change Healthcare	Healthsense	RedBrick Health Corporation
CityLife Health	Healthwise	Reliq Health Technologies, Inc.
Clarify	Ideal Life, Inc.	RxAnte
Collective Health	IgeaCare Solutions, Inc.	Sharecare
Compass Professional Health Services	Imagine Health	SHL Telemedicine
Connections 365	Included Health	Softtheon
Connecture Inc.	Infopia USA	Solutionreach
ConnectYourCare	Innovaccer	Stayhealthy Inc.
Connexions Inc.	Inovalon	StayWell
Crossover Health	INSPIRIS	Story Health
Definity Health (Div. of UnitedHealth Group)	Integrated Healthcare, LLC	Vaica
Destiny Health	Interwell Health	Vimo, Inc.
DiaTri	Jelly Vision	VirginPulse
Docent Health	Limeaid	Vital Decisions (Evolent)
eDocAmerica	Lumeris, Inc.	Vitaphone
eLuminate Health	Maestro	ViTel Net
Emmi (Wolters Kluwers)	Maxwell Health	Viverae
Employer Direct Healthcare	MedApps, Inc.	Vivify Health
Empyrean	MyHealthDIRECT	WageWorks, Inc.
EngagePoint, Inc.	National Research Corporation	WellAWARE Systems
Enli Health Intelligence	NextHealth Technologies	WellDoc
ePatientFinder	Novologix, Inc.	Welltok
Evidation Health	Novu	xG Health
Evive	Numera	Zelis
Evolent Health	Omada Health	ZeOmega
ExperienceLab	One Call Medical, Inc.	
Faircare		

Source: William Blair Equity Research

**Exhibit 44 (cont.)
Consumer-Centric Healthcare
Consumer-Driven Healthcare Operators**

Specialty Care Management and Advanced Care Delivery

Focused factories are operators that focus on providing comprehensive care for consumers suffering from a specific disease. For example, we view dialysis providers as focused factories for patients suffering from end-stage renal disease, as these operators provide dialysis treatments as well as the specialized care of nurses, nephrologists, social workers, and nutritionists. In our view, this “focus” not only improves the quality of care, but by creating economies of scale and reducing errors, also reduces costs.

21st Century Oncology	Evergreen Nephrology	Midwest Dental
Accelecare	Evolut Health	Monogram Health
Advanced Dermatology & Cosmetic Surgery	First Coast Cardiovascular Institute	Nephrology Specialist IPA
Affordable Dentures	Florida Cancer Specialists	Nevada Heart & Vascular Center
Alliance HealthCare Services	Forefront Dermatology	Oncology Care Partners
American Addiction Centers	Fresenius Medical Care AG & Co.	OneOncology
American Laser Centers	GenesisCare	Pacific Dental
American Oncology Network	Great Expressions Dental Care	Panoramic Health
Aspen Dental	Hatch Care	Pivot Physical Therapy
Athletico	Healthmap Solutions	ProPT
ATI	Heart & Vascular Partners	RightMove Health
Atria Health	Imagimed	Riverchase Dermatology
Bardavon Health Innovations	Laser Spine Institute	Schweiger Dermatology
Cancer Treatment Centers of America	Heartbeat Health	Smile Doctors
CardioOne	Heartland Dental	Somatus
Cardiovascular Logistics	Cardiovascular Associates of America	Strive Health
Centerre Healthcare	Hinge Health	Sword Health
ChiroOne Wellness Centers	HOPco	The Oncology Institute
Clear Choice Dental	Insight Health Services Corp.	The U.S. Oncology Network
Conversio Health	Integrated Oncology Network	Thyme Care
DaVita, Inc.	James River Cardiology	U.S. Dermatology Partners
Deca Dental	Kaia Health	U.S. Health Partners
Dental Care Alliance	Karoo Health	U.S. Heart and Vascular
Dermatologists of Central States	Limber Health	United Musculoskeletal Partners
Duo Health	Livongo	Verdi Oncology
Eating Recovery Center	MedQuest Associates, Inc.	Vori Health
Epiphany Dermatology	Memora Health	

Home healthcare and hospice

Home healthcare and hospice providers meet consumers' desires by providing healthcare where consumers want to receive it: in their homes. Moreover, by eliminating the fixed-cost infrastructure of treating these patients in facilities, overall costs are generally reduced.

Active Day Corporation	Critical Homecare Solutions	Lincare Holdings, Inc.
Addus Healthcare, Inc.	DocGo	Kindred
Amedisys, Inc.	Dispatch Health	ModivCare
American HomePatient, Inc.	Guardian Home Care	MyNexus
Apria Healthcare Group, Inc.	Help at Home	PSA Healthcare
Beacon Hospice, Inc.	Homeward Health	Sevita
BrightStar	Honor	SouthernCare, Inc.
Continuum Healthcare, LLC	LHC Group	VITAS Innovative Hospice Care

Interoperability solution providers and workflow management solutions

Interoperability solutions enable the seamless healthcare information exchange between disparate healthcare providers and disparate clinical systems that is needed to provide coordinated care for patients across multiple care settings.

ALERT Life Sciences Computing	iSirona (NantHealth)	TigerText
Awarepoint Corp.	MedVentive, Inc. (McKesson)	Vangent
Connexall	Orion Health	Vocera Communications, Inc.
Corepoint Health	Redox	Voalte
dbMotion (Allscripts)	RL Datix	WellCentive (Phillips)
DrFirst	symplr	Wolters Kluwer
Imprivata	TigerConnect	

Source: William Blair Equity Research

**Exhibit 44 (cont.)
Consumer-Centric Healthcare
Consumer-Driven Healthcare Operators**

Patient engagement

In our view, these operators offer compelling solutions that drive greater patient engagement, which we believe is increasingly becoming a key aspect of healthcare, particularly in a world of consumer-centric healthcare delivery.

American Well	Healthverity	Phreesia
Amino	HMS Holdings	Phynd
Ascension	IllumiCare	PipelineRx
Avia	Influence Health	Premier
BetterDoctor	Influx MD	PrescribeWellness
CareMetx	IntegriChain	Press Ganey Associates
CarePayments	InteliChart	Progyny
Castlight Health	InTouch Health	QliqSOFT
Change Healthcare	Lightbeam Health Solutions	ReferralMD
Collective Medical Technologies	Loyal Health	Salesforce
Congenica	Luma Health	SCI Solutions
ConnectiveRx	Lumity	Sharecare
CoverMyMeds	MDLive	Solutionreach
Datavant	Mdsave	Spok
DocPlanner	Mindoula Health	SureScripts
Doctor on Demand	Mobile Heartbeat	Tabula Rasa
doctor.com	Neural Analytics	Tea Leaves Health
DrFirst	NexHealth	Tivity
Enli	Noteworth	Transaction Data Systems
eVariant	NovuHealth	TrialCard
Everbridge	Omnisys	Trilliant Health
Eversana	OptimizeRx	Verato
GetWellNetwork	par8o	Vitals
GoodRx	PatientPing	Voalte
Halo Communications	PatientPoint	Vocera
Health Recovery Solutions	PatientPop	Wellframe
HealthCare Bluebook	PatientSafe Solutions	Welltok
HealthCatalyst	PatientWisdom	ZeOmega
HealthGrades	PerfectServe	Zocdoc
HealthiPass		

Payer focused software and services

These vendors lower consumer costs by automating administrative functions, reducing abusive billing practices, or enhancing consumer choices.

BenefitFocus	HMS Holdings Corp.	Santech
Cedar Gate Technologies	Interpreta	SCIO Health Analytics
Change Healthcare	MEDecision	Softheon
Cotiviti	MesaRx	TriZetto (Cognizant)
Covermymeds	PNT Data	Zipari
Equian		

Personal emergency response systems (PERS)

In our view, these providers offer opportunities for individuals to live independently and receive important monitoring protection of their health.

American Medical Alert Corp (Tunstall Healthcare Grp.)	Critical Signal Technologies	LogicMark, LLC
Connect America	Life Alert Emergency Response, Inc.	MobileHelp
	Lifeline Systems (division of Phillips)	Valued Relationships Inc.

Source: William Blair Equity Research

**Exhibit 44 (cont.)
Consumer-Centric Healthcare
Consumer-Driven Healthcare Operators**

Physician/consultation services and technologies

These vendors lower consumer costs by aggregating demand from different locations for their services and providing care remotely.

98point6	DocASAP	Reflexion Health
AbleTo (subsidiary of Optum / UNH)	Doctor on Demand	SOC Telemed
American Well	Envision Telepharmacy	Talkspace
Avizia	Guardian 24/7	Teladoc
Bright.md	InTouch (Teladoc)	TeleMedExperts, LLC
Carenet	Lantern	Telemedicine Solutions (WoundRounds)
Chiron Health	MDLive	West Corp.
ClickCare	Medweb	
Consult A Doctor (Physician Consultations)		

RCM software/services

RCM software and service vendors improve the consumer experience by automating the front-end (registration, pre-authorization) process, improving accuracy of bills and payer reimbursement, and providing quality-cost analytics.

AdvancedMD	Experian	PaySpan, Inc.
Avadyne Health	Handl Health	R1 RCM
Azalea Health	HealthEdge	RelayHealth (a McKesson company)
Bolder Healthcare Solutions	HealthiPass	Seamless Medical Systems
CarePayments	Intermedix	Simplee@PAY
Change Healthcare	Kareo	Tebra
Conifer Health Solutions (Tenet)	MedAptus	TriZetto
Cymatrix	MedeAnalytics	Vyne
Ensemble	nThrive	Waystar
Etransmedia Technology, Inc.	PatientPay	XIFIN

Other industry leaders in emerging CDHC fields

There are a variety of emerging subsectors (with only one or two major providers) that we believe represent attractive growth areas that may benefit from increasing consumer involvement in healthcare. We list a number of these emerging industry leaders and their respective industries in the adjacent columns.

Access Health	hc1.com	PatientPing
Advanced Diagnostics Group (Imaging Centers)	Health Catalyst	Phreesia
Advisory Board Company (UnitedHealth Group)	Health in Reach	Physicians Immediate Care
American Health Imaging (Imaging Centers)	HealthFair	Pinnacle Care (Personal Health Management)
Ameritox, Ltd. (Prescription Monitoring)	HealthGlobe	Premier, Inc.
Brighter	HealthGrid	Premise Health (Worksite Health Solutions)
CakeHealth	HealthStream, Inc.	Satori World Medical (Medical Tourism)
CareSpot Immediate Care (Urgent Care Centers)	HealthTap	Sharecare
CloudHealth	Healthtrax, Inc. (Preventive Health)	Simplee
Cogent HMG, Inc.	Hello Health	Socially Determined
Concentra (Healthcare Centers)	Intralign Health Solutions	Sound Physicians
ConvenientMD (Urgent Care Centers)	Life Line Screening (Preventive Care)	Tabula Rasa
Definitive Healthcare (Data and Analytics)	Medallian (Credentialing)	Team Health Holdings, Inc.
Eagle Hospital Physicians (Hospitalists)	MedBridge	The Little Clinic, LLC
Eliza Corp. (HMS)	MD2 International (Concierge Medicine)	U.S. HealthWorks Medical Group (HC Centers)
Envision Healthcare (Physician Staffing, ASCs)	MDSave	U.S. Preventive Medicine (Preventive)
Evariant	MDVIP Inc. (Concierge Medicine)	Unite Us
Evident Health	MedExpress (UnitedHealth Group)	Vgo Communications
Evolution1 (WEX)	MedVantx, Inc.	VitalTech
FastMed (Urgent Care)	National Healing Corporation	Viverae
	NextCare, Inc. (Urgent Care Centers)	Zeo, Inc.
	One Medical Group	ZocDoc, Inc.
	Parlerai	
	PatientsLikeMe	

Source: William Blair Equity Research

Healthcare Mosaic Reports and other thematic notes

[Demographics as Commerce: A Massive Aging-in-Place Opportunity in the U.S.](#)

[Advanced Specialty Care Update: As Acuity and Cost of Care Elevate, So Does Demand for Innovation](#)

[The Growing Importance of AI in the Revenue Cycle Management Marketplace](#)

[Healthcare Checkup: Top 5 Macro Focal Points, Top 5 Highest Interest Stocks Post Earnings; Updated Stock Sentiment Tracker](#)

[Healthcare Services and HCIT Checkup: Top 5 Macro Focal Points, Top 5 Highest-Interest Stocks After Second-Quarter Earnings](#)

[Healthcare Services and HCIT Checkup: Top 5 Macro Focal Points, Top 5 Highest-Interest Stocks After First-Quarter Earnings](#)

Advanced Primary Care (APC) Research

[Healthcare Industry Insights: Value-Based Care \(VBC\) Industry Update; CMS Announces LEAD Model to Replace ACO REACH](#)

[Value-Based Care Update: Medicare Advantage Green Shoots Bode Well for 2026 and 2027](#)

[Value-Based Care Update: Volatile Utilization and Pricing Challenges Persist, but PRVA and ASTH Keep Shining](#)

[Value-Based Care Update—New Strategy From CMS, Increased Partnership Activity Demonstrate Momentum in Early 2025](#)

[CMS Finalizes +5.06% Headline Medicare Advantage Rate Update for Calendar 2026](#)

[Value-Based Care Update—Uptick in Funding, Partnerships Signals Growth Set to Resume After a Challenging 2024](#)

[Value-Based Care Update: CMS Releases 2024 MSSP Performance Data; Another Year of Record Shared Savings Results](#)

The prices (12/31/2025) of the common stock of other public companies mentioned in this report follow:

Alphabet, Inc. (Outperform)	\$313.00
Amazon.com, Inc. (Outperform)	\$230.82
Centene Corporation	\$41.15
Cigna Corporation	\$275.23
CVS Health Corporation	\$79.36
Elevance Health, Inc.	\$350.55
Humana, Inc.	\$256.13
Oscar Health, Inc.	\$14.37
Phreesia, Inc. (Outperform)	\$16.91
UnitedHealth Group, Inc.	\$330.11
Walmart, Inc.	\$111.41
Waystar Holding Corp. (Outperform)	\$32.75

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Market Perform (Hold)	28	Market Perform (Hold)	3
Underperform (Sell)	1	Underperform (Sell)	0

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