EMPLOYEE HEALTH TRENDS

Making an impact in moments that matter

Overwhelmed employees avoid care. **Here's how HR can help.**

Summary

This report is based on a survey conducted in early 2023. Accolade and Savanta surveyed more than 2,000 employer–insured Americans to understand their healthcare experience. The research focused on four crucial moments wherein an employee or their family will likely use healthcare:

- **A new serious diagnosis that requires additional care**

- **Managing chronic health conditions**

- **Experiencing new symptoms**

- **Finding a provider**

We call these "moments that matter" because they are actionable points in the employee healthcare experience where employees actively seek to understand and use their employer–provided health and benefits offering. Whether the employee finds value in the experience, the quality of the care they receive, or feels stress related to using healthcare, becomes a litmus test for their overall employee healthcare experience.

Results of this survey, paired with other information we already know, indicate that the four moments may also be critical to the cost of an employer's overall healthcare spending and that the employee experience and employer cost are inextricably linked.
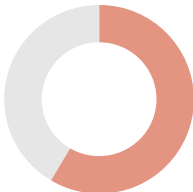
Key research findings

Employees are overwhelmed by managing their healthcare and it is causing them to avoid care, unless absolutely necessary.

49%

of employees feel overwhelmed by managing their or their family's healthcare. Percentages are higher for working parents and those who identify as BIPOC (Black, Indigenous, and People of Color) (53%) or LGBTQIA+ (57%).

65%

of those that felt overwhelmed delayed or did not pursue care.

The top reason for stress among all groups is the high cost of healthcare, but there are other reasons even people with insurance are feeling overwhelmed.

60%
High costs

37%
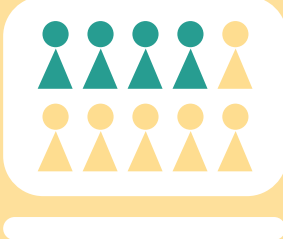Confusing billing and payment

37%
Difficulty finding doctors and making an appointment

Virtual care can help and more employees are willing to try it.

47%

or nearly half of parents and caregivers — a population that makes up a large portion of the workforce — said virtual support would help reduce strain in their lives.

40%

of those who have not used virtual care say they are more likely to try it if their employer offered a free or low-cost benefit.

2/3

of employees say that it is important to them for their employers to provide resources for the moments that matter, but barely one-third say their employer does.

Employer recommendations

Invest in primary care

An ounce of prevention is worth a pound of cure. Investment in primary care can remove several of the factors that overwhelm employees and their families before they reach one of the moments that matter. Employers may be able to provide more emphasis on primary care with a virtual first approach.

Consider the moments that matter

Focusing on improving challenges in the four moments that matter in the healthcare journey can improve your employees' healthcare experience while also addressing significant drivers of cost.

Personalize experiences to address barriers to care

All employees face different barriers to care. A single approach may not meet the needs of your entire population. Consider benefits options that meet employees where they are and help them overcome barriers specific to their individual experiences.

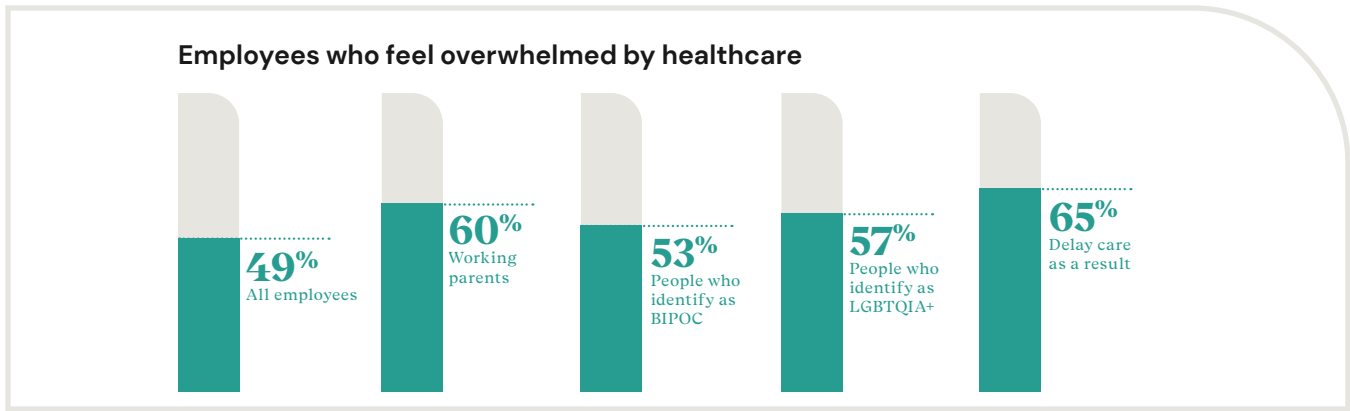**Prevent stress with predictive modeling and proactive care**

By gathering important population data and member health insights, you can bring care navigation and support programs like wellness, disability resources or family support to members before health issues become unavoidable.

Overwhelmed and delaying care

It would seem intuitive for any employee to seek treatment the moment they feel unwell. Yet it's all too common for workers to delay care, even with the best benefits. A single parent might prioritize their child's daily needs before their own. An hourly wage earner might delay care because any time taken off to see a doctor is money lost. Then there are those who simply don't think their health issue is serious enough to warrant treatment. While these circumstances are unfortunate, they are also a stark reality for many employees and their families.

Employees who feel overwhelmed by healthcare

49%
All employees

60%
Working parents

53%
People who identify as BIPOC

57%
People who identify as LGBTQIA+

65%
Delay care as a result

Our survey confirmed there is a direct connection between feeling overwhelmed and delaying care. Nearly half (49%) of the survey's respondents report feeling overwhelmed by managing their own or their family's healthcare. The numbers among working parents and people who identify as BIPOC and LGBTQIA+ highlight what we already know to be true about barriers to care that stem from social determinants of health.[1]

65% of respondents went on to say that feeling overwhelmed has resulted in delaying or even avoiding pursuing care. That means that in a typical company, close to one-third of employees are delaying or avoiding care that could impact them significantly in the future.

These delays have a real impact on the cost of healthcare. Recent Business Group on Health data shows that cancer care is emerging as the top healthcare cost driver for employers in 2023, attributed to massive delays in preventative screenings and delayed care during the height of the COVID-19 pandemic.[2,3]
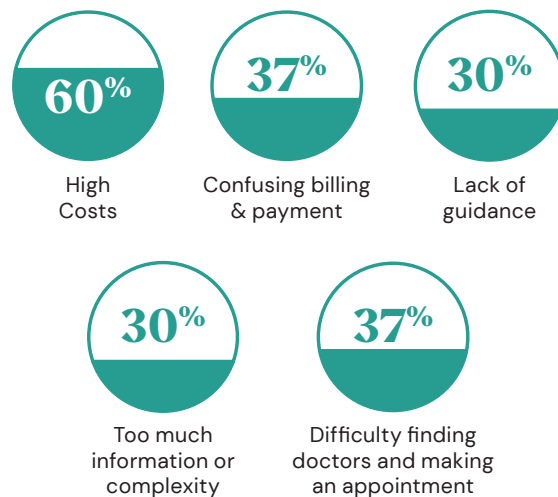
It's not that employees don't want to take proactive steps to manage their health. Peeling back the layers of data reveals why employees don't always act quickly, even when it is in their best interest medically and financially. These facts provide valuable insight into how employers can connect with their workforce.

Let's look at the top factors.

Why employees are overwhelmed by healthcare

60%
High Costs

37%
Confusing billing & payment

30%
Lack of guidance

30%
Too much information or complexity

37%
Difficulty finding doctors and making an appointment

[1] https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/
[2] https://www.businessgrouphealth.org/resources/2022-large-employers-health-care-strategy-and-plan-design-survey
[3] https://www.accolade.com/blogs/cancer-employers-top-healthcare-cost/

Cost of care – not just a challenge for employers

Employees ranked high costs as the biggest stress factor in managing their healthcare. While high costs are a natural cause of stress among the unemployed or uninsured, high healthcare costs can also affect employed Americans with full insurance coverage. In fact, in 2022, the Kaiser Family Foundation (KFF) found that 44% of insured adults worried about covering their health insurance's deductible costs.[4] Why might that be the case?

To understand why the cost of care is overwhelming to a typical employee, we need to take a holistic look at outside economic and social data. According to recent research by CNBC and Momentive, more than half of Americans (58%) describe themselves as living paycheck to paycheck — including a third of those with household incomes in the six figures.[5] Even employees who have the most comprehensive benefits can't always account for the high cost that an unexpected health event might incur. Most people don't have the extraneous income to put money away for a rainy day, much less a catastrophic health incident.

Add to that the fact that nearly 60% of Americans cannot afford a $1,000 unexpected expense, and you begin to understand why the high, and often unexpected, out of pocket costs might cause stress and avoidant behavior.[6]

The IRS's April 2023 announcement that it will increase Healthcare Savings Account (HSA) contribution limits — an approximately 5.5 percent increase over 2022 contribution limits — will offer additional relief down the road to employees who have access to high-deductible health plans come open enrollment season.

[4] https://www.kff.org/health-costs/issue-brief/americans challenges-with-health-care-costs

[5] https://www.momentive.ai/en/blog/cnbc-financial-literacy-2023/

[6] https://www.bankrate.com/banking/savings/emergency-savings-report

Billing confusion, provider search frustration

Tied for second place (37%) are two factors that overwhelm employees enough to keep them from proactively managing their care: confusing billing and payment, and difficulty finding doctors and making an appointment.

When it comes to the unclear nature of understanding or paying for a medical bill, like other stressful elements of the employee healthcare experience, employees suggest things like easy-to-navigate apps and websites, plain language and programs to help with other aspects of life — such as employee financial benefits and assistance programs — would help reduce their stress.

When it comes to provider search frustration, we already know there is a provider shortage in the U.S. It is a looming national issue that lawmakers are exploring. Within the next decade, a shortage of 124,000 physicians is expected — with 48,000, or 38%, being primary care doctors — according to the Association of American Medical Colleges.[7]

Employees who are lucky enough to find a specialist or physician can expect to wait for an appointment, which results in more anxiety. In fact, 42% of respondents say that the wait was the most stressful part of using healthcare services. Research shows that the average wait time is almost 21 days (20.6) to see a primary care physician and 26 days (about 3-and-a-half weeks) to see a specialist.[8]

Roughly 30% of survey respondents canceled a medical visit in the past 12 months due to a scheduling conflict. While the survey did not examine the reasons for these cancellations, related research tells us that the average time investment in a doctor's visit is two hours, and that 80% of low-wage workers are paid hourly.[9, 10] In short, many Americans may be unable to take adequate time off from their employer for a traditional, in-person medical visit and may have to choose between their health and making ends meet.

Tools to Take Action

Employees' stress reduction recommendations

54% Easy to navigate app or website

48% Plain language that explains what their health plan covers

44% Programs that assist with other aspects of life

41% Virtual healthcare support

[7] https://www.aamc.org/media/54681/download

[8] https://www.aafp.org/pubs/fpm/blogs/inpractice/entry/wait-times.html
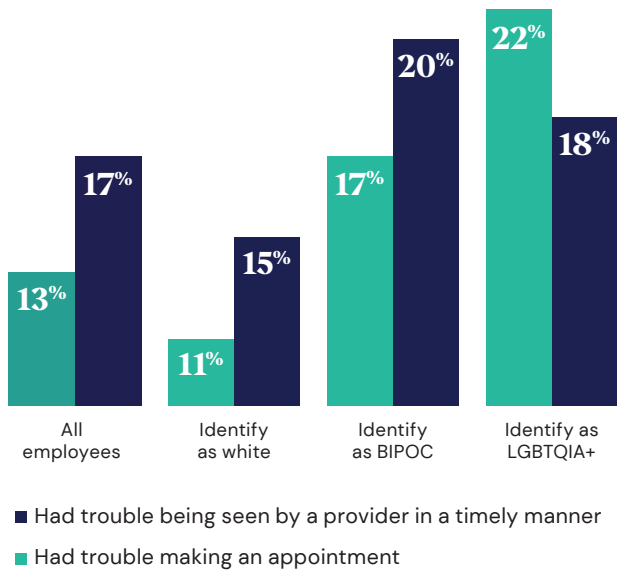
[9] https://hms.harvard.edu/news/paying-health-care-time

[10] https://www.kff.org/report-section/double-jeopardy-low-wage-workers-at-risk-for-health-and-financial-implications-of-covid-19-issue-brief/

Challenges faced relating to last medical visit

	All employees	Identify as white	Identify as BIPOC	Identify as LGBTQIA+
Had trouble making an appointment	13%	11%	17%	22%
Had trouble being seen by a provider in a timely manner	17%	15%	20%	18%

■ Had trouble being seen by a provider in a timely manner

■ Had trouble making an appointment

Access to care still inequitable

While many insured employees are frustrated with managing their healthcare, most respondents (74%) had a positive experience once they saw their provider. Most (61%) also did not face challenges related to their visit.

However, the survey did find differences among key groups and the challenges they faced related to their last medical visit. Our research indicates that health disparities — rooted in discrimination and driven by inequities — continue to impact people's experiences, perceptions and overall health.

Employers and benefits leaders have an opportunity — and we believe a responsibility — to take concrete, actionable steps to help remove access barriers, cut costs and, in turn, close health equity gaps and improve the health of all their employees.

Five ways HR can help

Employers play a major role in the healthcare experience of 156 million Americans who receive coverage from their employer or a partner or parent's employer. That means that benefits administrators, directors of total rewards and other leaders are empowered by virtue of their commercial position to have a momentous impact on the lives of millions of people. That's great news.

But there is so much to take in. Where does an HR professional, often on a team of one, even start? How do you build a strategy? Build an ecosystem? It should go without saying that it's best to begin with solutions that build on an empathetic connection with your employees. Look for solutions with enough experience in the market, scaling the human interaction and empathy and learning over time, to have really built programs that work while wrapping the member in a care experience that feels connected. This should be a foregone conclusion, but it's the foundation that any good benefits toolset should begin with and will allow you to connect your benefits ecosystem with the right goals in mind from the start.

① Be there when it matters most

Any time an employee or their family member needs care, it matters. But understanding when your employees are most likely to need healthcare can help you manage the cost curve and meet employee experience expectations.

It also turns out that these moments are points in the care journey where a person is likely to make the decision to delay care, which necessarily leads to an increase in cost down the line. Two–thirds of employees agreed that their employer should offer resources to support these key moments. But most employees must manage these difficult situations without that support — as only about a third of respondents say their employers offer assistance in these areas.
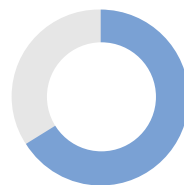
Focusing on improving challenges in the four moments that matter in the healthcare journey can improve your employees' healthcare experience while also addressing significant drivers of cost.

The moments employees say they need support most

67%
Receiving a serious diagnosis

66%
Managing a chronic health condition

65%
Difficulty finding a provider

62%
Experiencing new symptoms and not knowing how to identify the cause

② Invest in primary care

There is a lot we can all agree on in the healthcare system but one adage that rings true for everyone is that an ounce of prevention is worth a pound of cure. In the healthcare system, primary care physicians represent the first line in prevention and detection of problems before they escalate, as well as management of chronic conditions.

Unfortunately, in the U.S. we lag in healthcare outcomes compared to other Organisation for Economic Co-operation and Development (OECD) nations with respect to primary care. The U.S. spends only 6% of total healthcare costs on primary care, while other OECD nations approach 15% of total spend in primary care.[11] If employers want to reduce total healthcare spend and improve outcomes, higher primary care utilization has to be part of the story.

The good news is that employers have a lot of control over where investment goes in healthcare and have the ability to make carrier, partner and other benefits decisions that can drive up the investment in primary care. One place ripe for employer exploration may be a virtual–first approach.

③ Venture into virtual care

Our survey asked employees about their current or recent experiences using virtual care, which is more widely accessible than ever before and is designed to combat many of the issues employees raised about managing their healthcare or getting to appointments.

Forty–one percent of total respondents cited virtual healthcare as a tool that would help them feel less overwhelmed. Nearly half of parents and caregivers (47%) said that support would help reduce strain in their lives. Virtual care not only provides convenience and time savings, as employees reported, it also can help more people get the care they need as the health system grapples with provider shortages and healthcare deserts.

Top reasons why employees used virtual care

53%
It's convinient and easy

48%
Saves time

39%
No need to travel

31%
More available appointments than in person

Tools to Take Action

40%

If you are looking for ways to increase engagement with your virtual care benefits, among employees who had not used virtual care, 40% said they likely would if it was offered for free or at a low cost.

[11] https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/us-health-care-global-perspective-2022

Learn more at accolade.com

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4 One size truly does not fit all

In decades past HR leaders endeavored to focus on equality of access to care. While well intentioned, the lessons learned from those campaigns revealed that a focus on equity of our benefits and healthcare offerings may be more appropriate.

All employees face different barriers to care — whether they be transportation, childcare, cost, systemic biases or some other factor. Stress factors intersect with a person's life experiences and other social determinants of health in unexpected and sometimes infinite ways. A single approach may not meet the needs of your entire population.

Benefits strategies that contain multiple approaches to the challenges faced by employees, with a degree of customization and selectivity by the employee, help employees build the plans that will suit their particular barriers. Additionally you want to work with plan providers and benefits vendors that provide flexible approaches to engaging your population and keeping them on the right path.

But how do you manage all of that complexity? The market is rife with point solutions designed to directly resolve challenges for an acute population.

Seek an advocacy solution at the heart of your benefits ecosystem that can connect your point solutions to the overall care approach and seamlessly and empathetically navigate employees to the tailored benefit that is appropriate to where that person is in the care journey, and where they are in their life's journey.

Ultimately, you want to design a benefits package that meets employees where they are and helps them overcome barriers specific to their individual experiences.

5 Data engineering for a more connected experience

High-quality interactions with healthcare providers build trust and confidence with members, leading to better overall outcomes. The best healthcare experiences provide confidence to members by building on great relationships, but that can't happen if they don't get the care they need quickly and accurately. To take the guesswork out of care delivery, providers can use data algorithms and machine learning to efficiently match members at all risk levels to the right providers while removing barriers to care and setting the stage for sustained engagement.

Solutions that build on years of population data, outcomes and health insights more accurately navigate the member to support programs like wellness, disability resources, or family support before issues become serious or feel insurmountable. Based on extensive population health history and member outcomes, technology can intelligently guide members to their next best actions.

Data and machine learning should open more opportunities for, rather than replace, the provider-member connection by swiftly guiding members to the right care and increasing the value of face-to-face interactions.

How Accolade can help

With more than 15 years' experience in delivering personalized healthcare, and informed by the employee responses from this survey, Accolade recommends focusing health plan and benefits support on the four moments that significantly impact employees' healthcare journey.

We're supporting employers through moments that matter with a new offering: Accolade Connect. It bridges the gap between physical and mental health benefits navigation, advocacy and care delivery services — all to help connect people with the available benefits and care. And, it turns out, this approach also drives down costs.

As a comprehensive, scalable offering, **Accolade Connect** weaves together three integrated solutions:

Personal advocacy that fits into your existing ecosystem and solves benefits navigation challenges. This makes it easy for your employees to know when, where and how to get the care they need from providers they trust at the point in time they need it.

Virtual Primary Care gives employees the opportunity to meet with a healthcare professional, typically within a few hours, and avoid the many frustrations and challenges related to finding and visiting a healthcare professional. It also helps reduce healthcare barriers that may be connected to economic, logistic, educational, safety, race, ethnicity, gender, sexual orientation or healthcare system factors.

Expert medical opinion to confirm a person's diagnosis or treatment and ensure their peace of mind by affirming that they are on the right healthcare path. This also decreases overall medical expenses by reducing overtreatment and misdiagnosis, and makes access to healthcare more equitable.

In addition to Accolade Connect, Accolade offers an array of other solutions that extend from standalone virtual primary care and EMO (Expert Medical Opinion) solutions like Accolade Care and Accolade Expert MD, all the way through full-service Advocacy like Accolade Plus and Accolade One. Our approach predictively engages members, provides proactive care and addresses barriers to care — all while delivering an exceptional, personalized member and customer experience.

About this report

Accolade commissioned Savanta to conduct quantitative research among employed adults who are part of an employer–provided healthcare plan. The Savanta Employee Healthcare Research Survey (the Survey) asked questions about their healthcare and health management experience.

Survey respondents included:

2,004 respondents from across the United States

50% women
50% men

25 to 65 years old

Have health insurance provided by their employer

Images may be a mix of employees and stock photography and are not directly representative of members.