

Health Care Navigation

Not a Perk. It's Infrastructure.

25% of health care spending — \$760-\$935 billion annually — is waste driven by inefficiencies, unnecessary services, and structural variation.

What's Broken

Most employers have navigation programs in place. Advocacy Lines. Digital tools. Concierge services. But when navigation operates as a single layer, it doesn't change cost. The tools exist. The results don't follow.

Because navigation layered onto a broken architecture doesn't fix the architecture. It manages around it.

Cost is created structurally — not accidentally.

If you had to quantify today:

- What percentage of your population is actively using navigation?
- Where are referrals concentrating - and why?
- Are your cost-sharing structures reinforcing or undermining navigation adoption?
- What is the downstream cost of your current site-of-care distribution?

Could you?

The Financial Reality

For an employer spending \$15,850 per employee annually, addressable opportunity spreads across five structural levers.

- \$1.9M in modeled annual savings per 1,000 employees when navigation incentives are aligned
- \$700K in annual savings per 1,000 employees from site-of-care realignment alone
- 15-25% maximum eligible population reached by concierge navigation when participation is voluntary
- 20-60% engagement range when incentive design actively reinforces navigation

**Total addressable opportunity:
\$1.6M-\$3.2M per 1,000 employees.***

** Alliant Insight: Visibility without infrastructure is just awareness.*

Alliant Case Study

When navigation adoption is reinforced through aligned incentive design, modeled net impact can approach \$1,900 per employee per year — or approximately \$1.9M per 1,000 employees.

In a separate analysis, redirecting imaging and outpatient surgeries from hospital outpatient departments to independent ambulatory facilities generated approximately \$700,000 in annual savings per 1,000 employees.

Root cause: plan architecture that treats all sites of care as economical equivalent.

Take the Next Step

- [Read](#) the full article
- [Start](#) a benefits review

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