

# Health Care Navigation Isn't a Perk. It's the Missing Infrastructure.



## When 10-20% of spend follows design, navigation becomes strategy.

Employers have made meaningful investments in health care navigation. Advocacy lines. Digital portals. Concierge vendors. Yet nationally, the American Medical Association reports **nearly 25% of health care spending** in the United States – between **\$760-\$935 billion annually** – is **waste** driven by inefficiencies, unnecessary services, and structural variation.

### **At the employer level, those same dynamics are visible.**

When claims are analyzed across site of care, referral patterns, provider outcomes and appropriateness, and pharmacy utilization, it is common to identify **10-20% of total spend tied to outcomes that can be influenced.**

### **That variation is not random. It follows design.**

And when predictable escalation follows design, standing still becomes a financial strategy – whether intended or not.

#### **ALLIANT INSIGHT**

For an employer spending **\$15,850 per employee** annually, that represents **\$1.6M-\$3.2M per 1,000 employees** in addressable opportunity.

## The plan produces what it is designed to produce

Most navigation solutions are introduced as support tools – layered onto existing plan architecture.

But architecture drives utilization.

### ALLIANT INSIGHT

Passive advocacy tools and portal-based navigation frequently operate in single digits to low teens. Concierge-style advocacy vendors may reach **15-25% of eligible populations** when participation is voluntary.

These figures reflect how navigation has historically been positioned – as a service employees only access when needed.

## Members are not making irrational decisions – they're following the pathway presented.

Infrastructure determines their direction. Most advisors help employers manage complexity. Alliant helps organizations redesign the ecosystem their population moves through – guided by data, informed by clinical expertise, and structured for measurable financial impact.

## When variation is structural, intervention must be structural

High-performing organizations don't start with vendors. They begin with visibility. When utilization metrics move to the front of the conversation, variation becomes measurable – and measurable variation becomes manageable. The opportunity is not theoretical. It's embedded in system design.

"Most care escalation isn't the result of poor decisions or lack of communication – it's the result of how the system is structured. When employers realize they can influence referral flow and site-of-care alignment at the front end, they don't just improve patient outcomes. They change cost trajectory."

**Dr. Dave Zieg, National Director  
of Clinical Services.**

When hospital-affiliated networks shape referral flow...

When providers align their interests independently of an employers' downstream strategy...

When cost-sharing treats all sites of care as economically equivalent...

**Escalation becomes  
the default.**

# The Levers That Change Cost Flow

Once variation is visible, intervention becomes practical. There are five structural levers that sophisticated organizations meaningfully examine:

## 1 Primary Care as the Control Point – *The Initial Driver*

Primary care is temporally first and, arguably, first in importance, in the care journey – yet structurally underpowered in the market. Referrals originate here. Escalation often begins here, too.

When primary care operates independently from the larger strategy, utilization patterns default to existing hospital-affiliated pathways.

Aligning or sponsoring primary care introduces accountability at the front door. This is where navigation shifts from reactive to structural.

## 2 Incidence and Severity Transparency – *The Data Source*

Without understanding which conditions are increasing in frequency, where referrals concentrate, or which providers demonstrate higher complication or re-intervention rates, cost compounds before intervention begins.

Claims data is not retrospective reporting. It's the map.

## 3 Incentives That Reinforce Design – *How Change Happens*

Behavior follows design. When organizations intentionally embed the right incentive formula to reinforce navigation, engagement can rise into the **20-60% range**.

At that level of adoption, navigation begins to influence referral flow, care quality, and downstream cost concentration – not just the member experience. **Communication alone does not bend trend. Design does.**

### ALLIANT INSIGHT

Based on the average medical spend of **\$15,850 per employee per year**, when navigation adoption is reinforced through aligned incentive design, modeled net impact can approach a savings of **\$1,900 PEPEY or ~\$1.9M per 1,000 employees annually**.

## 4 Site-of-Care Realignment – *The Outcome Shift*

Not all care settings are economically equivalent. When hospital outpatient facilities concentrate utilization, cost concentration follows. When referral patterns and incentives are aligned, utilization shifts naturally away from high-cost hospital outpatient departments toward independent ambulatory facilities. This is the visible impact of upstream alignment.

### ALLIANT INSIGHT

Redirecting imaging and outpatient surgeries from hospital outpatient departments to independent ambulatory facilities can generate **approximately \$700,000 in annual savings per 1,000 employees**.

## 5 Continuous Outcome Monitoring – *Measuring the Results*

Intervention is not static. Provider performance, referral concentration, complication rates, and pharmacy-medical interaction must be monitored continuously. **Navigation becomes sustainable when impact is measured, refined, and reinforced.**

Standing still in a system that produces predictable escalation is not neutral. It's a choice.

## The Leadership Decision

Health care systems are designed to optimize access and throughput – not necessarily value. When employers want different outcomes, they must influence the architecture: referral flow, site-of-care alignment, incentive structure, and provider accountability.

Navigation delivers impact only when it is embedded within those control points – not added after the fact. When financial discipline and employee clarity move in lockstep, navigation stops being a support feature and becomes a strategic advantage.

**The market will continue to offer tools, but leadership requires redesign.**

The question is no longer whether members are navigating. It is whether the system guiding them is aligned with your benefits strategy and your culture.

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Alliant helps organizations redesign the ecosystem their population moves through - guided by data, informed by clinical expertise, and structured for measurable financial impact.

