

HEALTH CARE IN FOCUS

THREE KEY INSIGHTS TO RESPOND, EVOLVE AND BUILD TRUST

Executive Summary

Evernorth is a health services company that connects pharmacy, care and benefit solutions through bold and innovative thinking.

Our connected, flexible solutions are backed by data, insights and advanced analytics. By listening carefully to the voices of those we serve—including their unique perspectives, motivations and concerns—we are better equipped to respond, evolve and build trust.

In Q4 2022, Evernorth partnered with Ipsos to conduct a nationwide survey of more than 3,000 consumers with employer-sponsored health insurance. The study also surveyed 575 employers who select and manage employee benefits for their organization, along with 75 health plan leaders who determine the benefits partners and suppliers that a health plan offers to groups and clients.

Our analysis of the data revealed three key

insights that plan sponsors should keep in mind in order to stay ahead of market dynamics that have a potential impact to their members and plans:

- **01** There's an increased risk of **gaps in care** without hybrid care models, including virtual and in-person options.
- 02 **Rising costs** and **challenges to access** are increasingly shifting dynamics as they relate to consumers' care.
- 03 Acknowledgment and investment don't immediately yield a solution to behavioral health challenges; there's more work to do.

These findings offer perspective that can help us improve health care access, efficiency and predictability. And throughout the entire care journey, build connections for all.

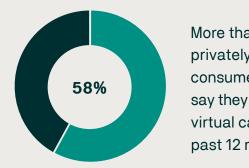


Evolving beyond traditional settings and models of care

Over the past several years, care has continued to evolve and expand beyond traditional settings, accelerating the availability of hybrid solutions that combine the best qualities of both virtual and brick-and-mortar models of care.

While consumers and plan sponsors both actively embrace virtual options, as well as more advanced health care technology, there is an opportunity to establish a more cohesive patient experience. Specifically, consumers are voicing a need for care that's more efficient, more effective and more economical.



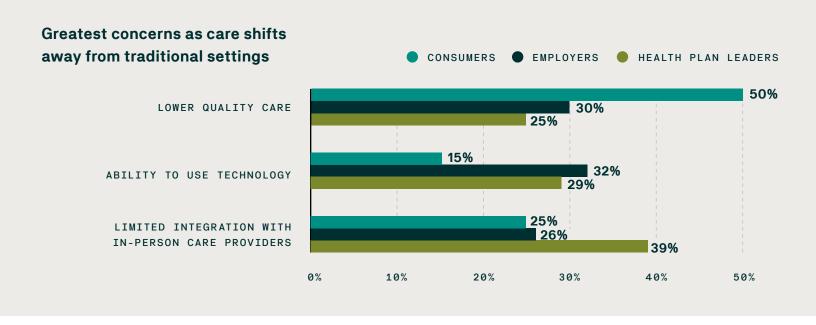


More than half of privately insured consumers (**58%**) say they have used virtual care in the past 12 months.

Among plan sponsors, **36%** of health plan leaders intend to prioritize treating patients in their homes, up from just **5%** in 2021.



As care access points continue to move beyond traditional settings, consumers are hesitating. Half of consumer respondents express trepidation about what they perceive to be the diminished quality of care outside of brick-and-mortar clinical settings.



Consumers encounter significant challenges navigating their benefits in order to select and access the appropriate site of care. However, plan sponsors are confident that consumers are informed and capable of navigating their benefits.

62%	of consumers say it's difficult to know when to use each benefit offered	

86%
of employers say their
employees know which benefits
to access for health issues

81% of health plan leaders say their members know how to navigate the suite of benefits offered

Key takeaways

By coordinating initiatives to improve awareness, plan sponsors can help to educate consumers, informing them about all the care options available to them, including both virtual and brick-and-mortar care.



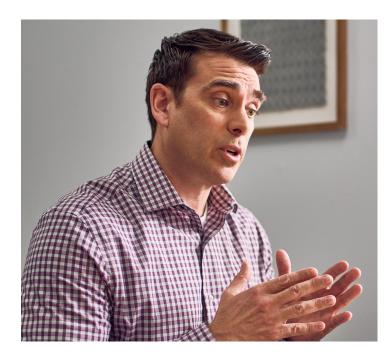
Education efforts will be critical to arming consumers with the information required to access the care they need—for greater productivity, better outcomes and a more cohesive experience.



Growing technology options can provide consumers with a stronger connection to their health, offering solutions to the fragmentation shaping the health care landscape.

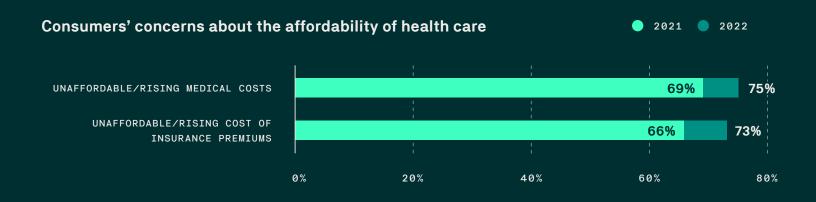


An evolution of needs and solutions



Discussions about health equity are growing in intensity and impact as social determinants of health continue to affect both delivery of care and health outcomes—particularly for minorities and underrepresented populations. Chief among those concerns is affordability, as consumers note the rising cost of care among their most significant barriers to access.

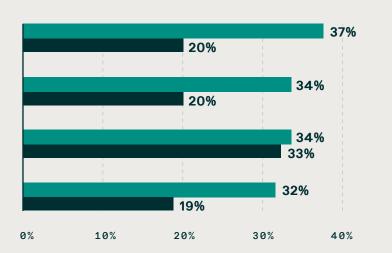
In fact, **75%** of consumers say they have been struggling with unaffordable medical costs in 2022, up from **69%** in 2020. Similarly, **73%** say they are unable to afford rising premiums, compared to **66%** two years ago.



As prices of prescription drugs continue to rise, even consumers with employer-sponsored health insurance are finding their resources strained. More than **7 in 10** consumers express concern about the unaffordable cost of medications, while **6 in 10** say they are worried about whether or not they can even access less expensive prescription drugs.

A majority of plan sponsors believe there are multiple ways to contribute to health equity, with **69%** of employers and **53%** of health plan leaders identifying four or more roles they believe their organization should fulfill.

Plan sponsors' view of the role their organizations should play in addressing health equity



HEALTH PLAN LEADERS

EMPLOYERS

ENCOURAGING A MORE FLEXIBLE CULTURE SO EMPLOYEES FEEL SUPPORTED TO GET THE CARE THEY NEED WHEN NEEDED

OFFERING FLEXIBLE BENEFITS THAT ENSURE EMPLOYEES/ MEMBERS CAN FIT CARE INTO THEIR SCHEDULES

> ENSURING EMPLOYEES/MEMBERS CAN FIND PROVIDERS THAT ARE ACCEPTING NEW PATIENTS AND/OR HAVE APPOINTMENT AVAILABILITY

ENSURING EMPLOYEES/MEMBERS HAVE ACCESS TO LOW-COST MEDICATIONS

Key takeaways

Plan sponsors have made efforts to reduce barriers to health—especially **rising costs**—and understand they have a role in addressing and supporting **access to care**.



In order to maximize the potential of generic and biosimilar drugs, it will be important to **educate both consumers and providers** about these new drugs' availability and value.



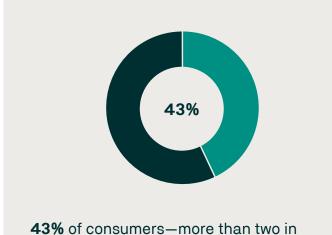
Both employers and health plan leaders **view health** equity as a standalone strategy, with health care as the top area where they believe they can have an impact.

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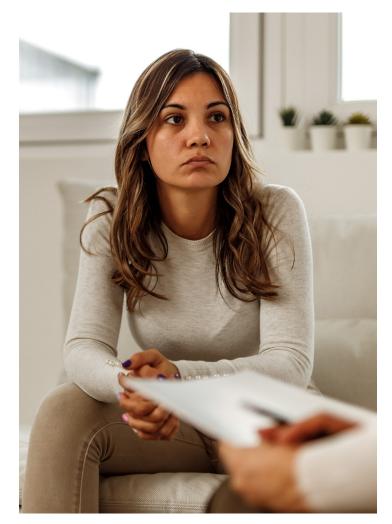
As consumers continue to prioritize issues of health equity, plan sponsors are poised to **implement specific measures and strategies** in order to address those concerns.

Uneven results defy investment and efforts

Both consumers and plan sponsors remain deeply invested in behavioral health, with tools and practices reaching a mainstream audience. For example, **31%** of consumers say they or someone in their family sought behavioral health care in the past 12 months. However, the research revealed a startling statistic:



five—say that their own mental health has declined over the past year.



Looking more closely, a majority of Gen Z consumers say they strongly agree or somewhat agree that their mental health has declined over the past 12 months. That number drops with age, with Baby Boomers being the least likely to report a recent deterioration in their mental health.

Consumers who strongly or somewhat agree that their mental health has declined over the past 12 months

61% Gen Z (18-24)



40% Gen X (41-56) **25%** Baby Boomers (57-75)

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Plan sponsors are highly confident about employees' satisfaction with provided behavioral health benefits, a marked contrast to the number of consumers who report that they are very or somewhat satisfied.

Empoyers and health plan leaders who say consumers are satisfied with their behavioral health support

Consumers who are satisfied with their behavioral health support

EMPLOYERS

HEALTH PLAN LEADERS

72%

78%

CONSUMERS

68%

Key takeaways



Consumers report a **significant decline in their mental health** over the last year. It will be important for plan sponsors to **address consumers' changing needs**.



Younger consumers appear to be **participating in efforts to address their behavioral health**; however, they are much more likely than older consumers to **report challenges**. When it comes to implementing future behavioral health resources, plan sponsors may wish to consider **age-specific outreach and education efforts**.

Looking ahead

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The disruption and fragmentation that have characterized health care over the past year are clearly reflected in the perspectives of both consumers and plan sponsors. Their sentiments suggest a rich opportunity to provide a more cohesive care journey, as well as a higher standard of health care benefits delivery.

These insights power innovative thinking—which, in turn, allows us to improve efficiency, accessibility and predictability. And create connections to care for communities, for businesses—for all.

Explore the full insights at **Evernorth.com**. And to learn even more, contact your Evernorth account representative today.



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