



The State of Patient Access – 2024

Turning a corner?

While there's ample room for improvement, the patient's opinion of healthcare access might just be improving.

A survey from Experian Health of patients and providers



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Patients and providers in rare agreement: access is improving

In a sharp reversal from December 2022, patients and providers struck an optimistic tone that patient access is better than it was before the pandemic. Patients who feel things are better improved by **11 percentage points (28% vs. 17%)**. Providers are even more bullish, beating the last survey by **28 percentage points (55% vs. 27%)**. More noteworthy, providers who say access is worse dropped to **20%, down from 47%** in the previous survey.

http://

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What's remained the same? Providers think things are better than patients do.

Patient access is...

Better

Patients — 28%

Providers — 55%

The same

Patients — 51%

Providers — 26%

Worse

Patients — 22%

Providers — 20%

Focus No. 1 (and No. 2) — accurate insurance identification and accurate estimates

Patients have many needs. Providers have many priorities. Those needs and priorities converge when it comes to the cost of care. Accurate identification of insurance coverage and generating estimates make or break the patient access experience for patients *and* providers.



The top two things about patient access that patients and providers want to improve:

Patients

1. My medical provider's ability to look up my insurance and what it covers, prior to treatment or a procedure
2. Accurate price estimates provided before care

Providers

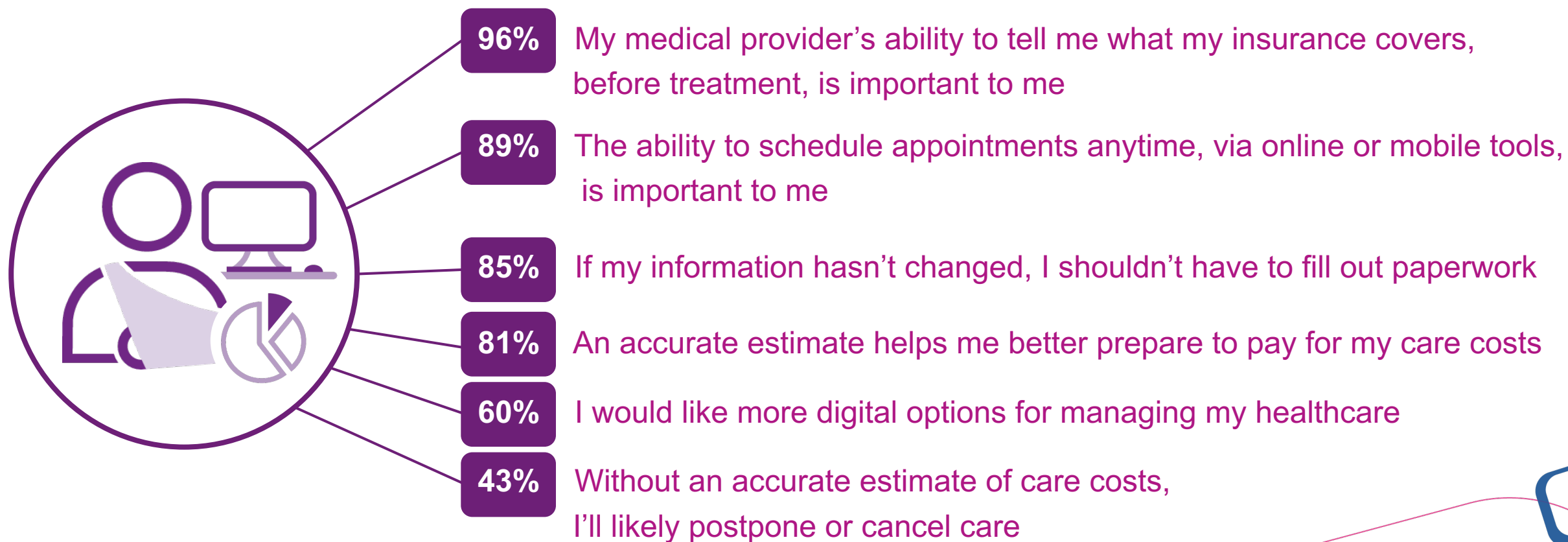
1. Accurate estimates
2. Faster, more comprehensive review of insurance coverage



The background image shows a family of three—a father, a mother, and a young child—interacting with a healthcare professional in a clinical or hospital setting. The father and child are standing and looking at a computer monitor, while the mother is seated and also looking at the screen. The healthcare professional, a woman in a blue scrubs, is seated and looking towards the family. The scene is overlaid with a large, semi-transparent purple graphic on the left side, which contains the text 'The patient perspective' and the Experian Health logo. The overall tone is professional and patient-centric.

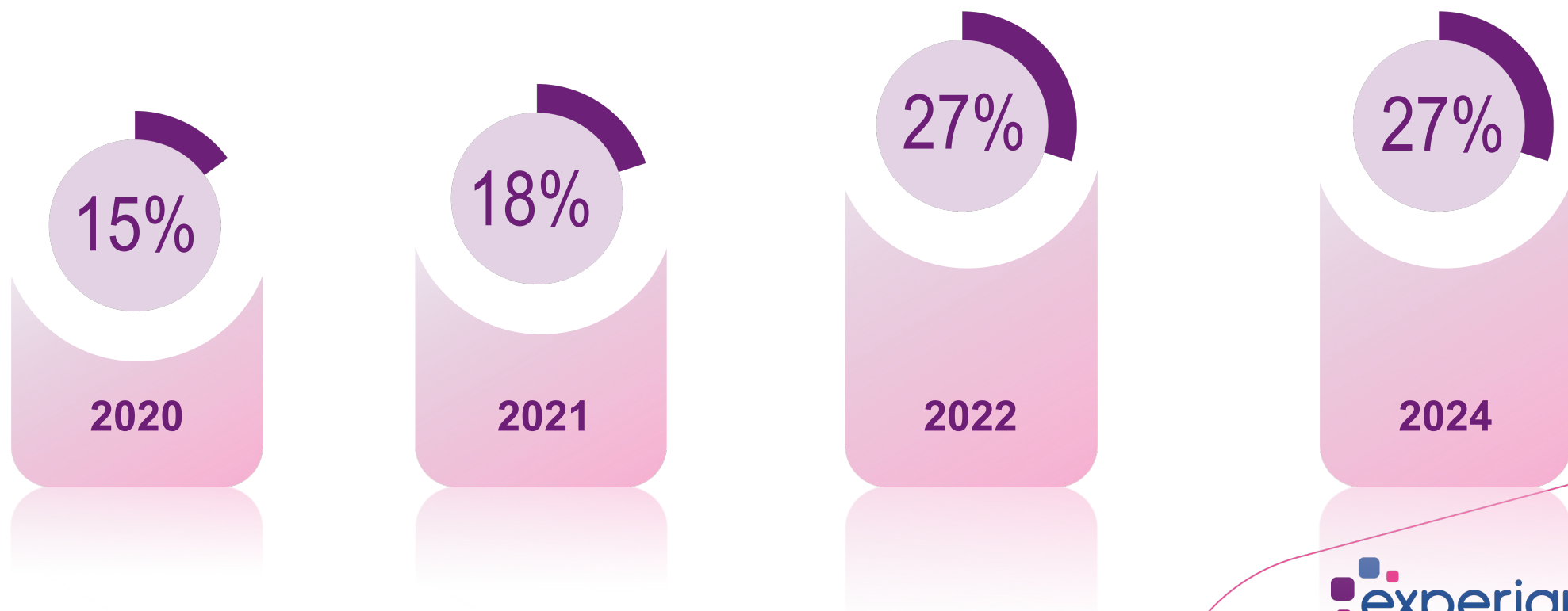
The patient perspective

The patient's view of healthcare access, by the numbers



The good is good; the bad is ... consistent

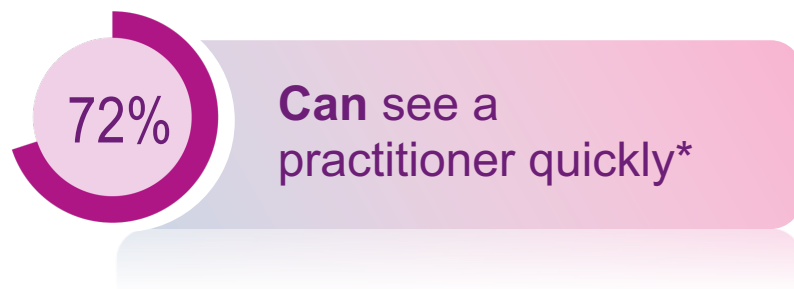
Despite the overall improved sentiment related to the patient access experience, the No. 1 challenge when trying to access healthcare remains seeing a practitioner quickly.*



The baseline criterion of a positive patient experience is seeing the doctor quickly

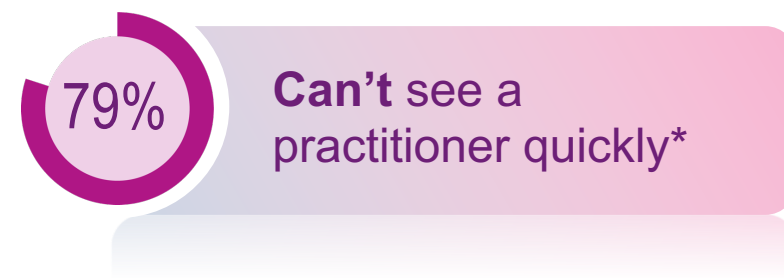
Patients who say access is better note their ability to see a practitioner quickly as the reason why. Conversely, patients who feel access is worse pointed to their inability to see a doctor quickly as the primary reason.

Why Better?



* Of the 28% of respondents who said that patient access has improved.

Why Worse?



* Of the 22% of respondents who said that patient access is worse.



Case Study

A sure sign of improvement

Check-in and registration improvements were noticeable to patients. When more patients are saying it's better and fewer are saying it's worse, that's a win for healthcare.

Check-in and registration



[http://](#)

Read the blog



Patients' opinions of healthcare payments are about the same — meaning not great

Paying for healthcare isn't something patients are cheery about, and sentiment has remained relatively flat since 2022. (65% said the payment experience is about the same, which has historically meant unsatisfactory.)



Payment experience is better (12%)*

- Understand insurance more clearly
- Better able to afford care
- More payment options (online, mobile, etc.)
- Payment plans make care more affordable
- Estimate provided before care received



Payment experience is worse (23%)*

- Less able to afford care
- Estimate not provided before care
- Making payments is difficult or inconvenient
- Don't understand insurance
- Payment plans not available



Case study



Patient Collections

**In order of influence*

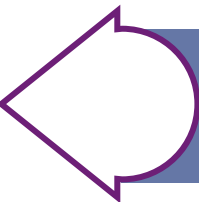
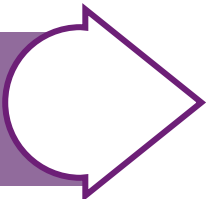
Estimates are still hard to get, but most are accurate

Core to the payment experience are estimates. Patients want them and providers are compelled to deliver them in compliance with increasing state and federal regulations.

One step forward

31%

patients who received a cost estimate before care
[29% received cost estimate before care in 2022]



patients who received a cost estimate before care and said it was accurate
[78% said their estimate was accurate in 2022]

74%

One step back

One Mistep

14% of those who received a cost estimate before care said their final cost was much more than expected



The provider perspective

Providers show optimism that patient access is improving

Providers indicated in December 2022 that, despite a grim view of patient access at the time, there was reason to believe things might turn a corner in 2023. They were right, at least according to **55%** of provider respondents. The pessimists remain, but are far fewer this time around.

patient experience is better (55%)*

- Telehealth has improved time to see a provider
- Automation has increased speed and accuracy
- Staffing is better
- Insurance identification technology has improved
- Digital/mobile communications are implemented
- Patients have more flexible payment options
- Estimates are provided more consistently and are accurate

patient experience is worse (20%)*

- Staffing shortage continues, impacting service levels
- Lack of thorough staff training is impacting service levels
- Scheduling and registration are inefficient and difficult for patients
- Digital/mobile/self-service solutions don't meet patient expectations
- Payment plans aren't available
- Obtaining accurate insurance information quickly is difficult
- Cost estimates are infrequent and inaccurate

**In order of influence*



Read the blog

Top 4 provider challenges to improving patient access

Staffing and authorizations seem to be permanent headaches for providers, but “dirty” data collection at patient intake — and the list of solutions required to try and improve that — is getting worse, not better. The result? New pain downstream for the claims department.

45%

Maintaining staff levels

39%

Efficient and timely management of authorizations

31%

Improving the speed and accuracy of resolving patient information prior to claims submission

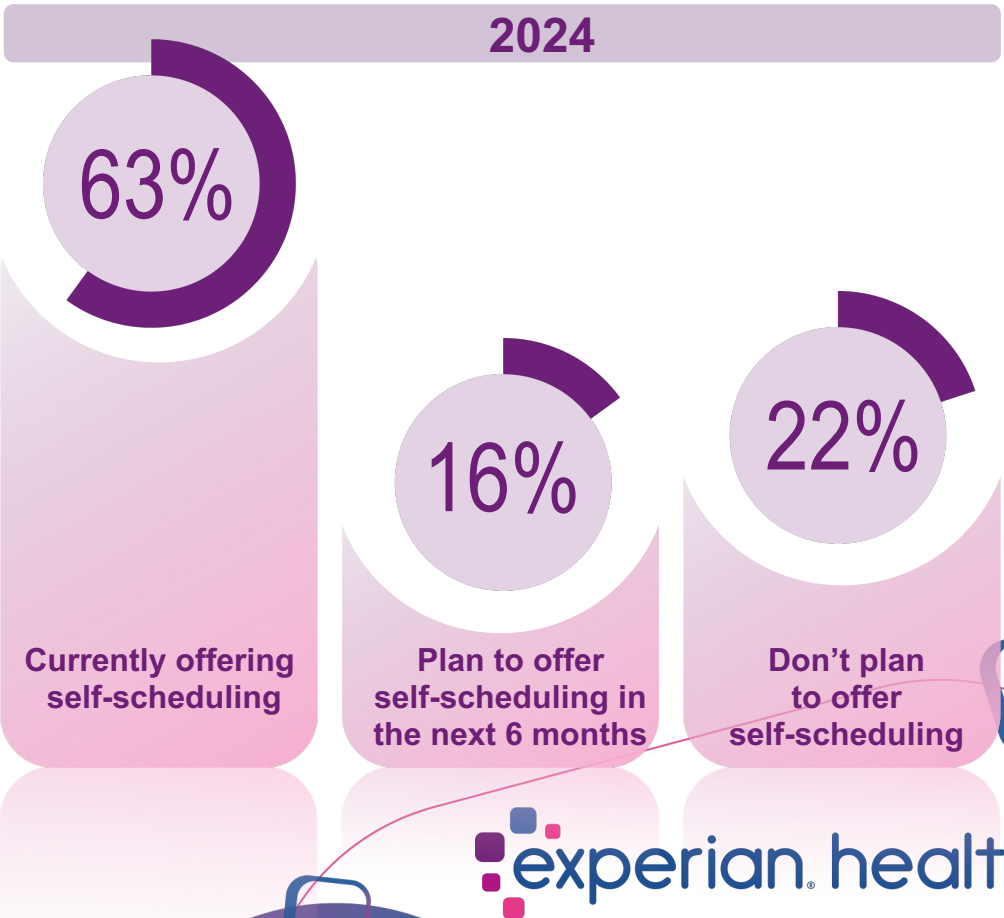
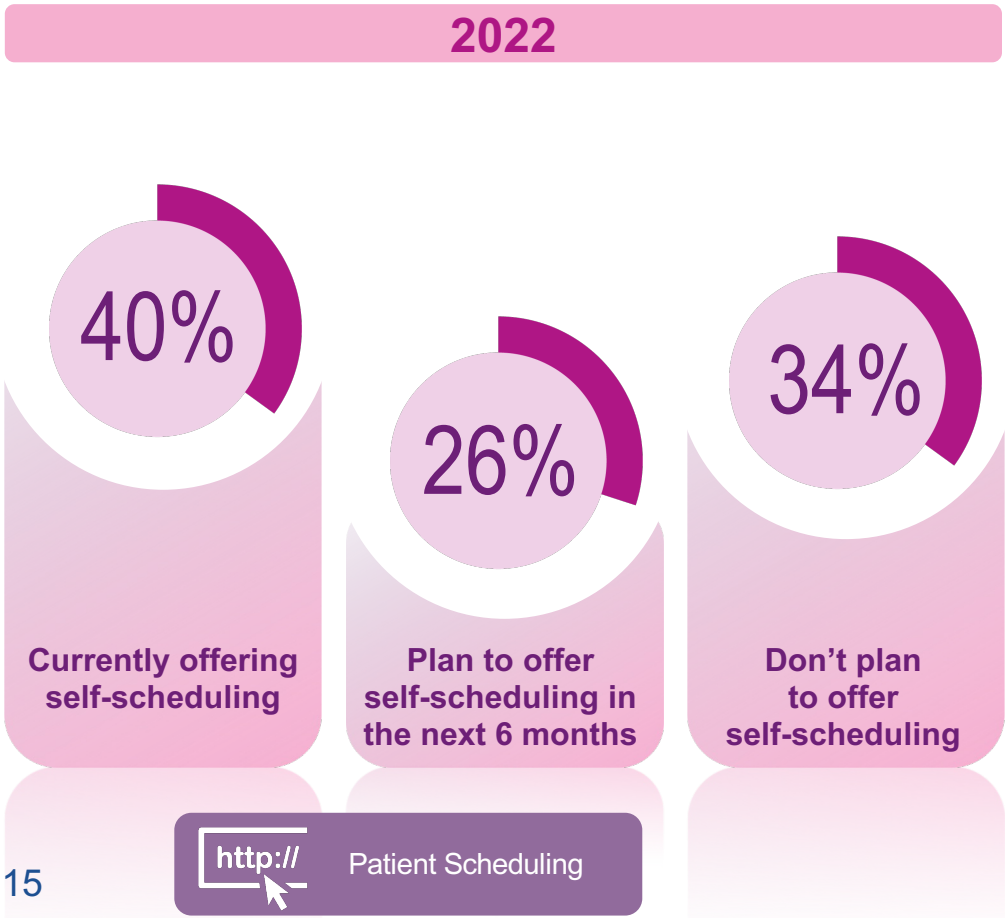
23%

Maintaining multiple solutions to determine eligibility, COB, MBI, demographics and financial status

Curating accurate patient information continues to be a challenge. Almost half (**49%**) of providers said patient information errors are a primary cause of denied claims.

Self-scheduling: back in fashion

In 2022, providers' zeal to offer self-scheduling as part of the pandemic's "touchless" requirements started to cool. The 2024 results reverse that, putting self-scheduling back on the "must-have" list.



Estimates are important to providers, too

Patient (and regulator) demand for accurate estimates is not new. Often lost in the discussion is that providers have a significant interest in getting estimates correct because they're a key part of getting paid on time, in full.

89%

Agree cost of care is a primary concern for patients

88%

Agree providing accurate, upfront estimates contribute to better patient collections success

80%

Agree presenting patients with accurate estimates increases point-of-service payments

80%

Agree the economy and inflation add urgency to patient collections



The stakes are higher than revenue

69% of providers say patients at least occasionally postpone care because they don't understand how much it will cost them

15% of providers say this happens *often*.

Where does your organization stand?

- How would you rate the patient access experience at your organization?
- Are front-end data curation challenges impacting claims on the back end?
- Is your organization struggling to get ahead of current challenges and not prepared to address the near-term challenges around the corner?
- Are your patients postponing care because they don't know the cost?

It's time to look at the many areas where automation — and even artificial intelligence — can accelerate patient access, dramatically improve patient information accuracy and return understaffed functions to optimal productivity.

[Learn more](#)



This report is based on a survey of 200 healthcare revenue cycle decision-makers and 1,036 U.S. adults who received care or oversaw care for a dependent from February 2023 to February 2024. The survey was fielded February 12–18, 2024.

The survey, fielded to both providers and patients, was designed to determine the perspectives from each group on how well patient access functions are managed in U.S. healthcare, the order of importance both place on the functions that make up the patient access experience, and a ranking of what functions are best meeting the expectations of both.

Provider participants' roles in operational decision making

48%

Participate in
decision-making

52%

Drive
decisions



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