

June 2026



The Patient Next Door:

*Meet the new
healthcare
consumer*



About BPD Healthcare

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Introduction

Healthcare organizations have more data than ever before, from market research and patient data to consumer insights and social listening. Yet, too often, patients are still treated as over-generalized audience segments on a PowerPoint slide rather than people living complex, everyday lives.

The BPD Research Initiative is our proprietary national survey program tracking how healthcare consumers think, decide, and act. Drawing on proprietary data, cultural insight, and real-world behavior, it examines how people form beliefs about health through conversations, community influence, media, and lived experience. Our goal is to understand what people do, and more importantly, why they do it and what it means for healthcare organizations. By bringing these behaviors to life, **we aim to help leaders navigate complex business challenges and drive measurable impact** through strategic growth programs.

This report draws on findings from the Q4 2025 wave to explore the forces reshaping healthcare decisions, from financial pressure and convenience-driven access to the growing influence of digital tools and healthcare communications. What emerges is a clear shift: **consumers are taking a more active role in deciding when, where, and whether to seek care**, often before engaging with providers—with significant impact to the financial sustainability of health systems.

Executive *Summary*

The American healthcare consumer in 2026 is experiencing mounting pressure: rising costs; fragmented access points, and an increasingly complex healthcare ecosystem. These dynamics are forcing patients to navigate the system more independently than ever before.

Findings from BPD Healthcare reveal a clear shift underway. **The healthcare journey increasingly begins online, before any clinical interaction.** From there, consumers apply three filters—cost, time, and complexity—to decide where and when to seek care.

■ 1. Health systems no longer own the digital front door

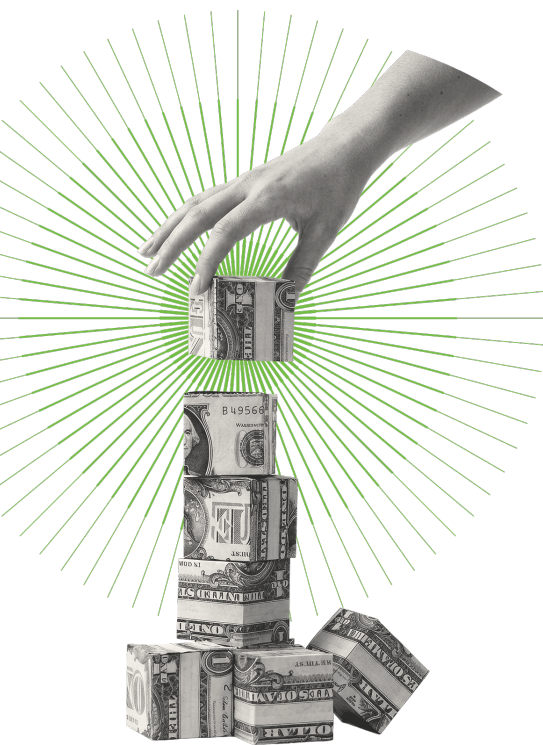
Patients have long researched symptoms, providers, and treatment options before engaging with the system. But now they are turning to AI to make sense of health questions and decide what to do next. By the time a patient reaches a provider (if they ever do), the decision is often already in motion.

■ 2. Cost is a filter, not just a barrier.

Sixty percent of respondents expect costs to rise, and many consumers report delaying care, reducing provider visits, or attempting to self-manage conditions due to financial concerns or uncertainty about insurance coverage.² When cost feels unclear, hesitation sets in—often before patients ever enter the system.

■ 3. Time decides who gets considered.

Survey results show that convenience is nearly equal to patient experience in provider choice.² Eighty percent will wait no more than three days for an urgent primary care appointment. When access is delayed, patients don't wait—they reroute to urgent care, telehealth, or retail clinics.



2. BPD Healthcare Research Study. "Healthcare Navigation and Access." November 18, 2025.



■ 4. Complexity pushes patients to delay or disengage.

When scheduling, follow-up, or next steps are unclear, patients delay care, look for alternatives, or disengage altogether. Navigation friction is now a structural risk to volume and continuity.

■ 5. Marketing is a critical part of the healthcare navigation layer.

As patients navigate decisions on their own, they increasingly rely on accessible, easy-to-understand information to guide them. Strategic marketing and communications are how consumers learn what services exist, where to go, and what to do next. Organizations that treat marketing and communications as an essential part of the patient journey—not a distinct function—will be better positioned to influence decisions before care begins.

Taken together, these trends point to a fundamental shift in healthcare behavior. **Consumers are no longer passive participants in the healthcare system.** They are active navigators—researching symptoms online, comparing options across providers and care settings, weighing cost and convenience against trust, and often making preliminary decisions about what kind of care they need and where to get it before any clinical interaction occurs.

An operational *evolution.*

For health systems, this represents challenges and opportunities. Organizations are no longer the starting point of the journey. Many decisions—and many of the moments that shape them—happen outside the system's walls, on channels the system doesn't own. However, these earlier moments are also where influence is most available. Patients who are actively navigating are also actively looking for direction, clarity and a credible next step. Organizations that meet them there, with information that is connected to real access, can shape decisions before competitors are even considered.

In this environment, winning patients' loyalty requires making care easier to navigate. As more decisions happen earlier and outside the system, the organizations that show up clearly and helpfully in those moments will be the ones patients choose. The rest may never be considered. That requires a more connected approach across access, operations, digital experience, and communication.

This changes the role of marketing and communications from a promotional function to a connective layer across the organization, meaningfully contributing to access, experience and growth strategy.

The Fragmenting Front Door Of Healthcare

For many Americans, accessing healthcare has become an exercise in decision-making under uncertainty. Before ever seeing a clinician, consumers are weighing cost, insurance coverage, appointment availability, and the logistics of navigating the system. But that weighing may no longer lead to a provider's website or mobile app. It's happening in AI engines.

Consumers increasingly research symptoms, providers, and treatment options before interacting with clinicians. Digital tools—from search to social to AI—are now part of how people make sense of health questions and decide what to do next.²

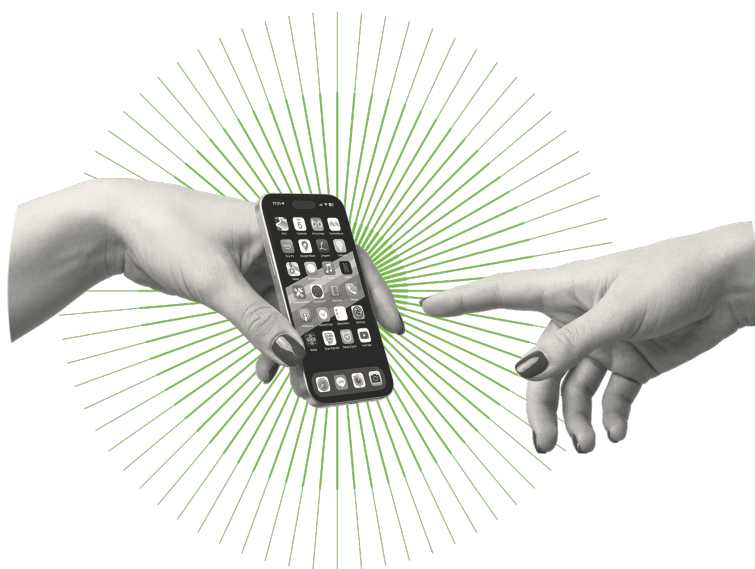
This shift isn't entirely new. Patients have always sought information outside of clinical settings. What's changed is the scale, speed, and influence of those moments.

The process of finding and choosing care has become far more decentralized, and far more decisive, than it once was.

How consumers navigate this process varies by generation.

More than 28% of adults ages 26-34 say that always or often use AI for medical advice.²

But across all groups, the pattern is the same: the first step increasingly happens outside the health system.⁴



Insight

AI is reshaping the order in which health decisions are made. Patients are increasingly using AI and digital tools to interpret information, test assumptions, and narrow their options before speaking with a provider. In this model, the clinician becomes a validator of a decision that is already taking shape. This shift moves influence upstream, breaking the traditional funnel.

The organizations that support this earlier stage, through clear, credible, and accessible information, are more likely to be part of the decision. Increasingly, this is where marketing, content, and digital experience intersect, not as promotion, but as a source of guidance. Those that wait for the clinical interaction are arriving later in a process they no longer fully control.

2. BPD Healthcare Research Study. "Healthcare Navigation and Access." November 18, 2025.

4. BPD Healthcare Research Study. "Gen Z Survey." December 19 and 31, 2025.

Cost Is a Barrier—and a Decision-Making Filter

The first filter patients apply is cost. Consumers consistently describe cost and insurance as the most stressful, confusing, and unpredictable parts of the healthcare experience. In the Q4 wave of the BPD Research Initiative, understanding coverage ranked as the most confusing aspect of healthcare for every generation, cited by 40–50% of respondents.

Financial strain reinforces that confusion.

41%

of respondents say premiums, deductibles, and copays are stressful

45%

say insurance coverage is difficult to understand³

These same elements are also unpredictable, making it difficult for patients to anticipate what care will actually cost. Billing is considered the most unpredictable part of the system, with consumers saying medical bills are the top source of:

38%

Unpredictability in healthcare³

36%

Financial stress³

33%

Confusion³

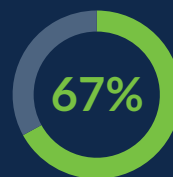
Our December survey found 60% of respondents expect healthcare costs to increase in 2026, most often citing insurance premium increases and general inflation as the reasons. When costs rise, two-thirds say they would change their behavior, with one in five reporting delaying needed care. Other behavior changes include self-managing a condition, seeing a provider less often, or skipping optional care.

Consumers who already feel financial pressure from the healthcare system are significantly more likely to change their care behavior if costs rise. According to the BPD Research Initiative, as healthcare costs rise, financially strained patients are disproportionately likely to delay care or seek lower-cost providers.

Insight

Cost has long been a barrier to care; when cost feels unclear, hesitation sets in. Patients delay, look for alternatives, or disengage altogether. In those moments, the system loses the opportunity to guide the decision.

This is where cost transparency becomes more than a billing function. It becomes part of how patients are guided into care. The organizations that make cost understandable and accessible upfront—through clear communication, digital tools, and consistent messaging—are more likely to be considered. Increasingly, this is where marketing plays a role, helping translate complexity into something patients can act on.



of consumers say they'll **change their behavior** if healthcare costs rise.



Delay care, 13%



Change insurance plans, 12%



Seek financial assistance, 12%



Switch healthcare providers, 11%



Use virtual or lower-cost options, 10%

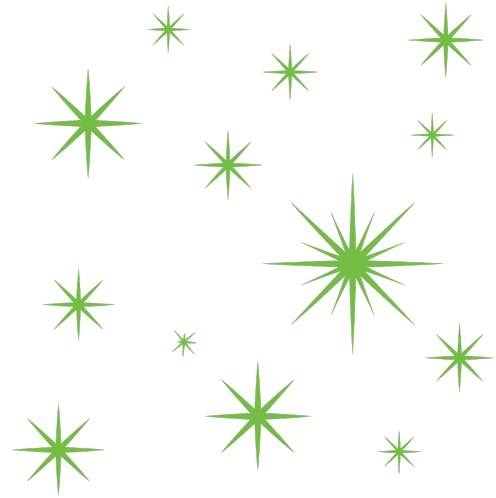


Skip optional care, 9%

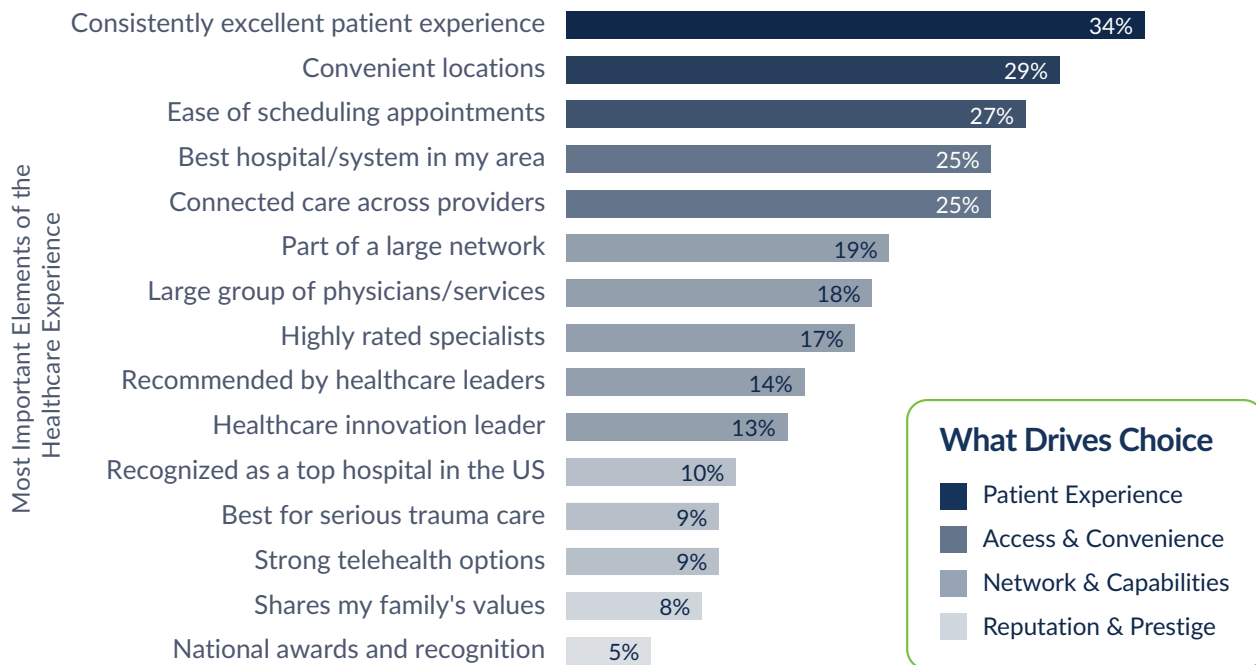
Speed Shapes Who Gets Considered

Convenience is now the first filter

When asked for the top consideration in choosing a healthcare provider, patient experience rose to the top (34.49%), followed by physical convenience (28.68%) and ease of scheduling (27.17%).² Notably, national awards and recognition ranked lowest. If care is difficult to access, patients don't weigh tradeoffs. They move on.



Patient Experience & Access Outweigh Reputation in Provider Choice²



% of Respondents, BPD Healthcare Research Study. "November Monthly Survey."

2. BPD Healthcare Research Study. "Healthcare Navigation and Access." November 18, 2025.

3. BPD Healthcare Research Study. "Healthcare Trends and Outlooks." December 24, 2025.

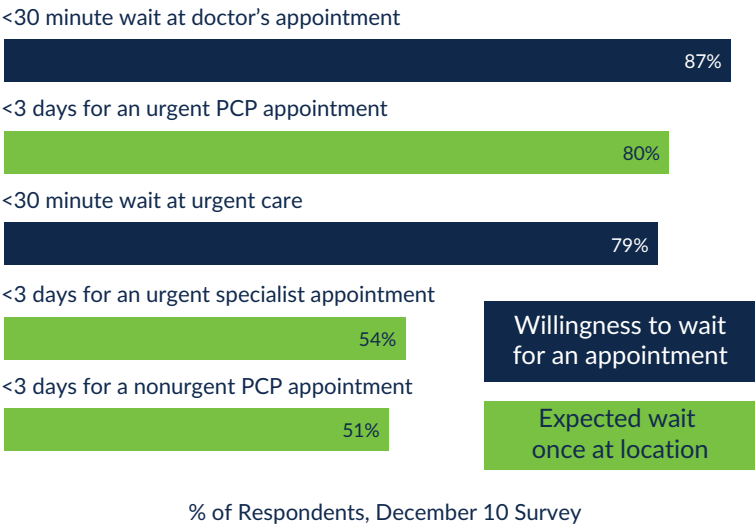
When Care Is Slow, Patients Don't Wait

The Q4 2025 surveys also revealed that consumers have relatively low tolerance for waiting for care. Eighty percent say they would wait no more than three days for an urgent primary care appointment. Similar expectations apply to specialists and even non-urgent care.

Those expectations extend to the in-person experience. Eighty-seven percent expect to be seen within 30 minutes for a doctor's appointment, with similar expectations for urgent care and emergency settings.

When those expectations aren't met, patients reroute to faster alternatives—urgent care, telehealth, and retail clinics.

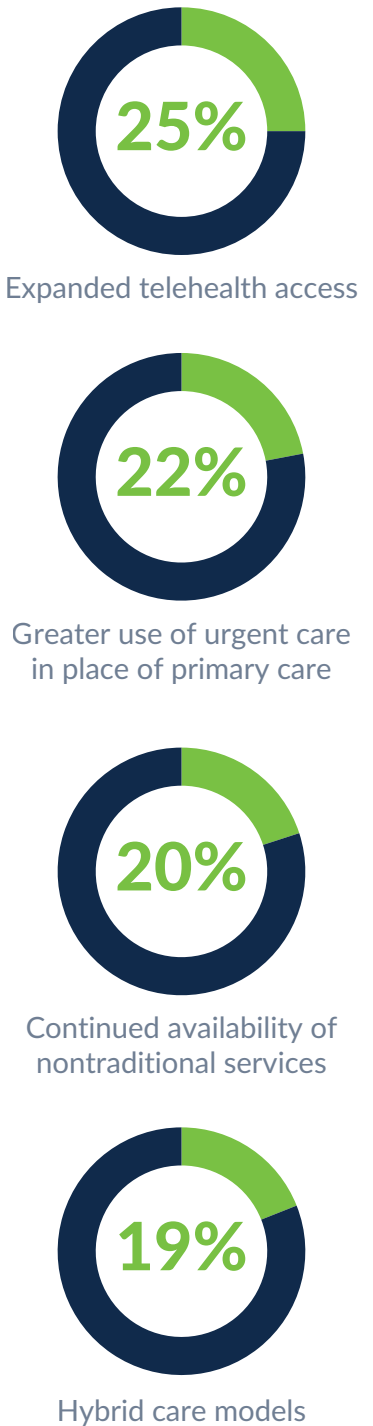
High Demand for Rapid Access Across Care Settings



The most commonly used nontraditional services include CVS Minute Clinic/Health Hub (25.85%), Target (14.58%), and insurance company virtual care clinics (12.92%). Interest in these options is driven by convenience (38.01%), along with difficulty accessing primary care (27.74%) and specialists (24.17%). Younger consumers are leading this shift, with higher usage and interest in these alternative entry points.²

2. BPD Healthcare Research Study. "Healthcare Navigation and Access." November 18, 2025.
3. BPD Healthcare Research Study. "Healthcare Trends and Outlooks." December 24, 2025.

Looking ahead, consumers continue to prioritize convenience-driven models. The most desired trends for 2026 include:³



Care Is Splitting Between Speed and Trust

While convenience grows as a decision-making factor, consumers report different choices depending on the situation. For immediate or low-acuity needs, convenience wins.

40%

say they would go to urgent care first when traveling³

39%

for stitches³

6%

for same-day, non-urgent care³

But when the situation is uncertain or higher stakes, trust takes over.

54%

would go to their primary care provider first for minor illnesses³

45%

would turn to their PCP when unsure what type of care they need³

41%

would start with primary care even for major illnesses³

At the same time, comfort with nontraditional providers is growing. One-third of consumers report increased comfort using these services. Trust increases further when these providers:

29%

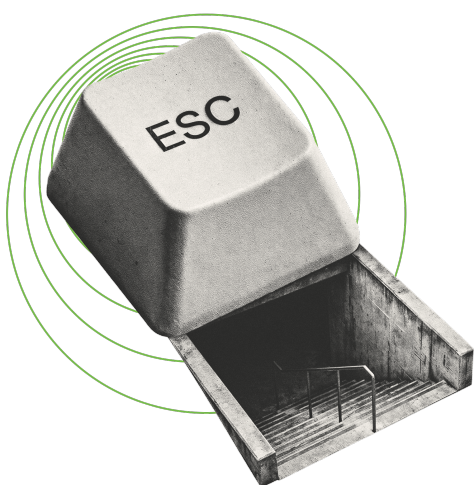
Have physical locations³

32%

Employ medical professionals³

29%

Are affiliated with established health systems³



Insight

Healthcare demand is no longer flowing through a single front door. It is splitting. One pathway is driven by speed, where convenience determines where care happens. The other is driven by trust, where relationships and clinical confidence matter more.

Both pathways matter. The first captures high-frequency, immediate needs. The second builds long-term relationships and continuity. Health systems that do not participate in convenience-based care risk losing the entry points that lead to deeper engagement over time.

Adding to the challenge, expectations related to convenience are not set by healthcare; rather, by airlines, banking and all other consumer services. As a result, delays are not seen as a system limitation but are instead experienced as a failure to deliver.

This is reshaping competition. Patients are not choosing between providers alone. They are choosing between systems that are easy to access and those that are not. Systems that can connect speed and trust—making care both easy to access and credible—are better positioned to maintain continuity and grow lifetime patient value.

When Navigation Fails, Patients Go Elsewhere or Delay Care Entirely

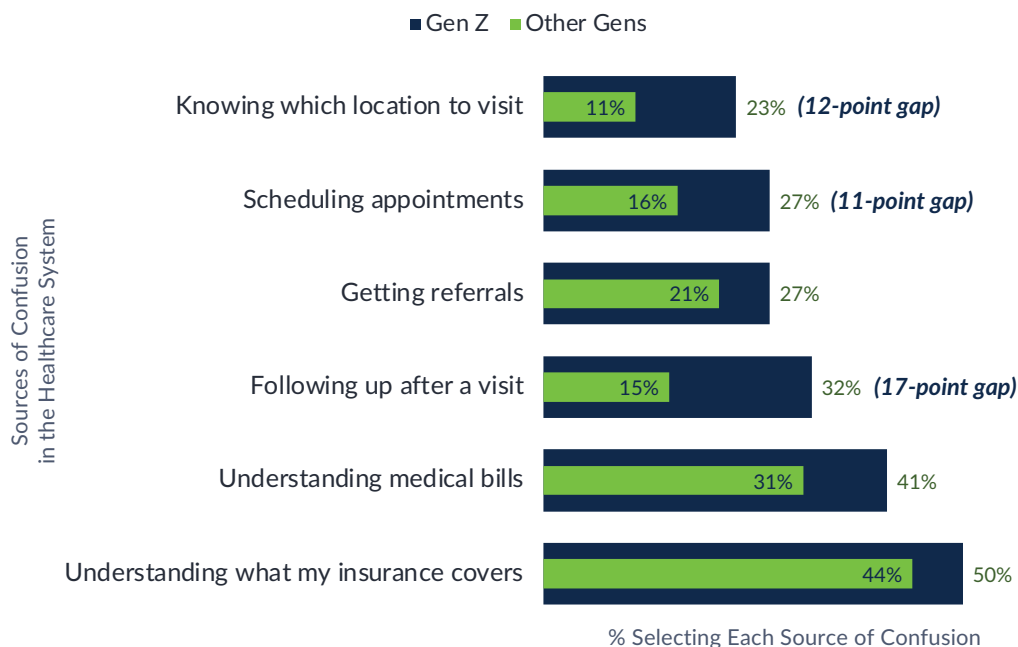
The third filter is complexity. When the path to care is unclear—scheduling, follow-up, knowing which location to visit—patients hesitate, delay, or disengage entirely.

This friction is most visible among younger consumers entering the system for the first time, with Gen Z significantly more likely to report confusion around scheduling appointments (27%), following up after visits (32%), and knowing which location to visit (23%).

Older adults report fewer navigation challenges, suggesting that experience reduces uncertainty over time—but for any consumer encountering the system in an unfamiliar moment, the friction is the same.



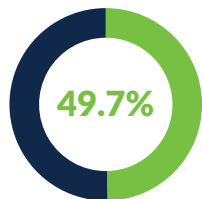
Gen Z Reports More Confusion Across Healthcare Navigation Tasks



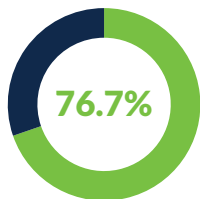
Marketing and Communications as a Navigation Layer

As consumers increasingly navigate healthcare on their own—starting online, then filtering by cost, time, and complexity—strategic marketing and communication channels continue to be one of the ways they gather information and evaluate care options.

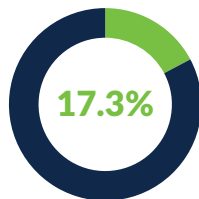
Contrary to common assumptions, most consumers are not overwhelmed by healthcare marketing. In fact, exposure to health system marcomms is both common and generally well tolerated.



of respondents report seeing healthcare marketing weekly or more often.¹



say the amount of marketing they see is "just right."¹



say they see too much healthcare marketing.¹

Nearly half of respondents report seeing healthcare marketing at least weekly, and most say the volume of messaging feels appropriate.

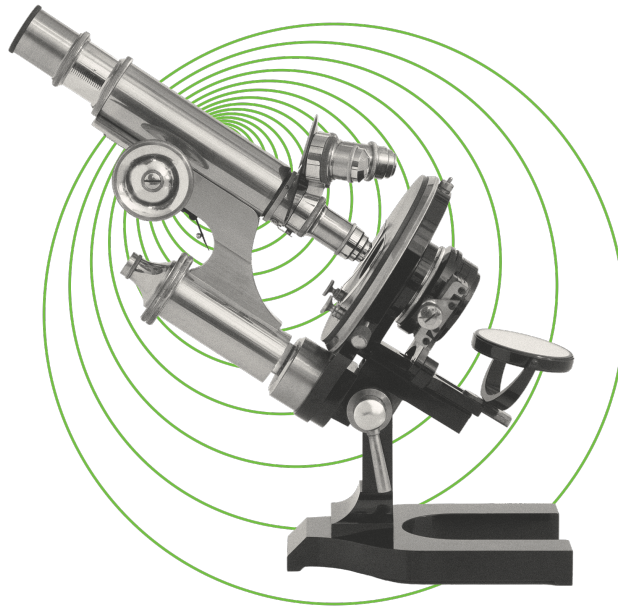
Importantly, people who report seeing healthcare marketing more frequently are also more likely to take action. Among those who see healthcare marketing at least weekly, fewer report taking no action compared to the broader population. Exposure increases the likelihood that marketing becomes part of how patients begin to explore care.

Insight

Marketing and communications play a dual role in how patients choose care: it builds relevance and trust long before a decision is made, and it helps translate that sentiment into action when the moment arrives. Much of healthcare decision-making begins before there is acute need or clear intent. Patients are forming impressions over time, yet when care is needed, they make decisions quickly, often defaulting to the most convenient option.

If access is limited, scheduling is difficult, or next steps are unclear, even well-established preferences can be abandoned in favor of what is fastest and easiest. This is where the dual role of strategic communications becomes critical. It creates the initial consideration set, but it must also connect seamlessly to access—making it clear how to act in the moment.

1. BPD Healthcare Research Study. "Marketing Preferences and Impressions." October 21, 2025.



Implications for *healthcare organizations* today

The shifts outlined in this report are not emerging. They are already reshaping how patients find, evaluate, and access care. Healthcare organizations are no longer the starting point of the care journey. In many cases, consumers do not engage until decisions have already begun to take shape or are fully formed.

This changes the role of the organization, and expands the role of marketing and communications within it. The moments that shape patient preference and build relevance and trust span access, digital experience and communication; in this environment, marketing and communications is essential in transforming operational strategy, especially across the triad of transformation—cost, convenience and complexity.

Here's what the data means for today's healthcare organizations. ➔

Decisions are happening earlier—and elsewhere

Search, reviews, and AI tools are already shaping how patients interpret symptoms and evaluate options. By the time a patient engages with a provider, they often arrive with a point of view. Organizations must show up earlier in that process to remain relevant.

Where to focus:

- ☐ Evaluate search visibility for high-intent conditions and services.
- ☐ Audit condition-level content: does it answer real patient questions clearly and credibly?
- ☐ Identify where third-party platforms (reviews, directories, AI summaries) are shaping your brand narrative.
- ☐ Ensure clinical expertise is translated into accessible, patient-friendly language across digital channels.

Cost clarity is part of the entry experience

Cost has become one of the first questions patients ask, not the last. Organizations that make coverage, pricing, and financial expectations easier to understand reduce hesitation and increase the likelihood that patients move forward.

Where to focus:

- ☐ Review how and where cost information is presented in the patient journey (pre-visit, not post-visit).
- ☐ Evaluate price estimator tools for usability and clarity from a patient perspective.
- ☐ Align financial counseling, digital tools, and marketing communications so they reinforce one another.
- ☐ Identify where cost confusion is leading to call volume, delays, or drop-off.

Access determines who captures demand

Convenience is no longer a differentiator. It is a filter. Appointment availability, digital access, and proximity now shape whether a provider is considered at all. In this environment, access is one of the most important competitive advantages.

Where to focus:

- ☐ Assess true availability across service lines (not just reported capacity, but what patients actually experience).
- ☐ Evaluate time-to-appointment benchmarks against patient expectations, not internal targets.
- ☐ Expand and clearly communicate alternative entry points (urgent care, virtual, same-day access).
- ☐ Align marketing growth programs with access, so promoted services are actually available when demand is generated.

Navigation is now a core capability

Patients are navigating healthcare on their own, often without clear guidance. Organizations that make it easier to understand where to go, what to do, and how to proceed will remain part of that decision. Those that don't risk being bypassed before care begins.

Where to focus:

- ☐ Audit your digital front door: can a patient quickly understand where to go based on their need?
- ☐ Evaluate whether your website, call center, and access points give consistent direction or conflicting answers.
- ☐ Map the "next step" experience: after a visit, is it clear what happens next without requiring a call or guesswork?

Marketing and communications are becoming a system-level function

In a self-navigated environment, marketing and communications are no longer just about promotion, but part of how patients understand their options, evaluate care, and decide where to go. When connected to access, digital experience, and operations, marketing and communications becomes a driver of trust and a more reliable engine for growth

Where to focus:

- ☐ Assess how marcomms, access, digital, and operations are aligned (or siloed) in shaping patient entry.
- ☐ Evaluate whether growth programs reflect actual patient pathways, not internal service line structures.
- ☐ Shift measurement beyond impressions and clicks and measure what really matters—downstream behaviors like scheduling, drop-off, and service line growth.

Appendix

Methodology:

Quantitative surveys to American adults between October and December, 2025, ns=1,000-2,000

This report synthesizes findings from multiple national surveys conducted between October and December 2025 as part of this ongoing healthcare research initiative. The purpose of the initiative is to better understand how Americans navigate the healthcare system, make care decisions, and interact with healthcare providers, treatments, and information sources.

All surveys were conducted using the Pollfish online survey platform, which distributes surveys to respondents through a network of mobile applications. Pollfish uses a mobile-first methodology that allows researchers to reach a broad and diverse pool of respondents across the United States. All respondents were adults residing in the United States, and surveys were administered in English only. Each survey used a national sample, and responses were weighted by age and gender to align with U.S. population demographics.

This report draws on the following surveys:

Survey	Field Date(s)	Sample Size	Age Range
Marketing Preferences and Impressions	October 21, 2025	1,000 respondents	26-99
Healthcare Navigation and Access	November 18, 2025	1,000 respondents	26-99
Law and Policy	December 16, 2025	1,000 respondents	22-99
Healthcare Trends and Outlooks	December 24, 2025	1,000 respondents	22-99
Gen Z	December 19 +31, 2025	2,000 respondents	18-99

The Gen Z survey used quota sampling to ensure generational representation. The sample consisted of 2,000 Gen Z respondents (ages 18 to 28) and 1,000 respondents from older generations. This structure allowed for comparisons between Gen Z and other adult populations.

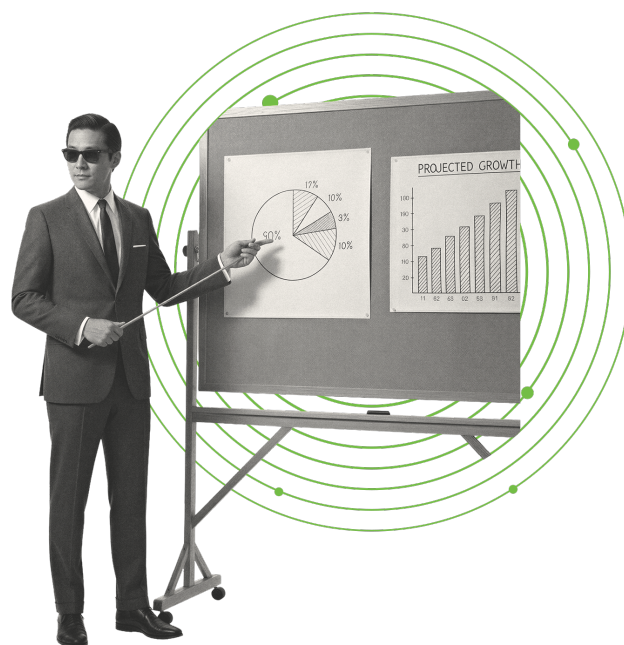
To ensure that results reflect the demographic composition of the United States, survey responses were post-stratified by age and gender. No additional weighting variables were applied. Reported percentages in this report reflect weighted results unless otherwise noted.

Because this report integrates findings from multiple standalone surveys conducted at different times, results should be interpreted within the context of the specific survey in which the question appeared. Otherwise, findings represent snapshots of attitudes or behaviors measured in a specific survey field period.

As with most online opt-in surveys, Pollfish samples do not rely on traditional probability-based sampling methods. Due to the online nature of the sampling traditional margin of sampling error cannot be calculated. However, with sample sizes of approximately 1,000 respondents, estimates are generally stable and allow for meaningful comparisons across population groups.

Each survey was fielded independently through the Pollfish respondent network, and respondents were not tracked across survey waves. As a result, some individuals may have participated in more than one survey included in this report. While each survey reflects a national sample of U.S. adults weighted by age and gender, the combined dataset should be interpreted as multiple cross-sectional snapshots rather than a longitudinal panel of unique individuals.

The results presented in this report reflect self-reported attitudes and behaviors of U.S. adults at the time the surveys were conducted. As with all survey research, responses may be influenced by respondent interpretation, recall, and external conditions at the time of fielding.



References

1. BPD Healthcare Research Study.
"Marketing Preferences and Impressions." October 21, 2025.
2. BPD Healthcare Research Study.
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5. BPD Healthcare Research Study.
"Law and Policy Survey." December 16, 2025.



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