

HEALTH PLANS

From Crisis to Control

Executive Insights to Transform
Care Guidance with Data and AI



Unifying Data, AI, and Steerage to Become Future-Ready

The healthcare landscape is at a strategic crossroads. While medical spending continues to rise and members demand greater value, clarity, and convenience, health plans are navigating an unprecedented opportunity to drive significant change. Outdated processes and fragmented data have long created a disconnect between member expectations and plan capabilities. This report outlines a clear path to bridge that gap by creating a connected, intelligent, and member-centric ecosystem.

The research findings in this report are based on a survey of 100 senior leaders from U.S. health plans conducted by Wakefield Research in August 2025. Respondents represent national and regional organizations across commercial and government lines of business, with responsibilities spanning provider relations, network planning, quality, and medical leadership.

The survey findings point to three connected imperatives for success



Members need better guidance to find high value care, a key driver for both cost and outcomes.



Provider data is the foundational asset, yet it remains fragmented and undermines trust.



AI has evolved from experimental to essential for navigation and operations.

For today's executives, the new imperative is to lead with a unified strategy. Health plans that act now to integrate steerage, data, and AI will be positioned to control costs, improve member outcomes, and secure a compelling competitive advantage.



The State of Steerage: A Need For Better Guidance

Health plans are navigating a powerful shift, recognizing that the financial and clinical impacts of effective steerage are interconnected. The pressure to control spending is constant, but leaders now share a vision where long-term cost reduction is achieved by steering members to high-value care, thereby improving member outcomes and reinforcing the entire ecosystem. In fact, 91% of health plan leaders believe there is room for improvement in their organization's ability to consistently steer members to appropriate and cost-effective providers

For the purposes of this research, steerage refers to guiding plan members to certain healthcare providers or systems based on criteria which may include: higher-quality, lower cost, or preferred providers.

Health Plans' Top Steerage Drivers

The top drivers for steerage reveal a maturing industry view. For health plan leaders, a trade-off no longer exists between reducing costs and improving care

Reducing medical spend while maintaining quality



45%



of respondents rank this as the top priority, confirming that financial stewardship remain a central mandate for health plans.

Supporting value-based care (VBC) arrangements



44%



of leaders see VBC as a key driver. This highlights a strategic shift away from fee-for-service models and toward a system that incentivizes providers for delivering high-quality, efficient care.

Enhancing the member experience



42%



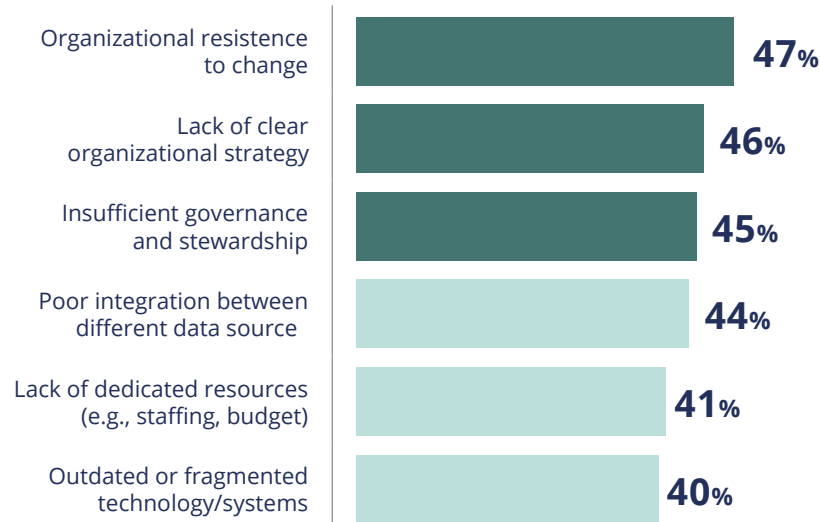
of leaders know that a positive and seamless experience is essential for retaining members and encouraging engagement.

Aligning the Organization for Success

Effective member steerage is not hindered by technical issues alone; a majority of payers cite internal organizational challenges as the primary barrier. Issues such as a lack of clear strategy and internal resistance to change are preventing plans from effectively guiding members to high-value care. The data confirms that a plan's capacity for internal alignment and strategic investment directly correlates with its ability to succeed with steerage.

Barriers to Steerage Success

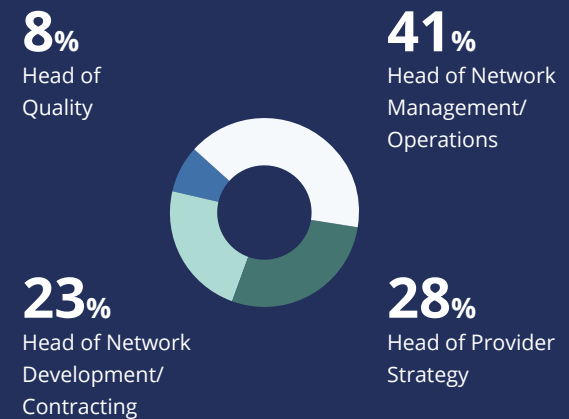
What are the top barriers to your organization more effectively guiding members to high-value care?



Steerage Ownership: A Critical Divide

Research reveals a crucial insight: While steerage strategy ownership resides within operational, provider-facing departments, member engagement initiatives are held by marketing or member-facing teams. This disconnect demands a fully integrated strategy to ensure the entire organization and ecosystem work in unison.

Guardians of Steerage Strategy



Nuance In Measuring Success

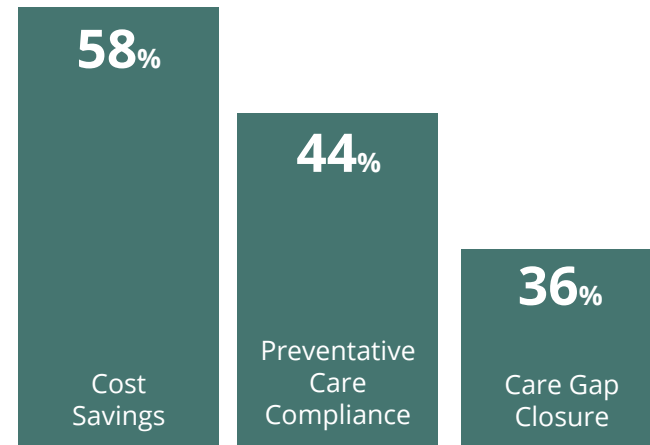
Measuring steerage success isn't one-size-fits-all; different leaders and plans have distinct priorities. While high-value provider utilization and cost savings are top KPIs overall, a disconnect exists in how leaders define success. For instance, director level leaders are more focused on tactical cost control (with 40% including reducing medical spend in their top three drivers, while VPs and C-level executives prioritize strategic goals like improving the quality of care outcomes.

These nuanced priorities underscore the need for a solution that can meet the distinct goals of different stakeholders and plan types.

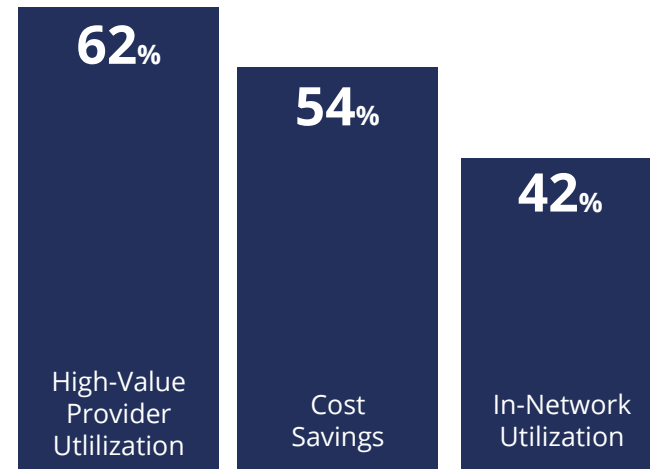
Top Steerage KPIs by Plan Type

What are the top KPIs your organization uses to measure the success of your member steerage programs?

National Plans



Regional Plans



Provider Data Is the Foundational Asset

Effective steerage is impossible without a solid data foundation. Inaccurate provider data is a systemic issue crippling the ecosystem, undermining everything from directories to AI insights. The data reveals that the core mission to guide members to high-value care and build trust is jeopardized by unreliable data. The path forward requires that every interaction must be built on reliable provider data.

The industry is poised to transition from reliance on manual processes to intelligent automation and efficiency. With 80% of national plans and 78% of regional plans still relying on manual processes, innovation is a massive opportunity. Embracing automation will unlock competitive advantage, cut operational costs, and build a robust foundation for the future.



85%

of health plan leaders struggle with inaccurate or outdated provider data.



19%

of provider data on average is considered unreliable and unusable.



77%

of health plans manually update provider data "all the time" or "often."




Inaccurate Data Drives Negative Outcomes

Consumers have a low tolerance for inaccurate provider data. Not only does it create friction in the moment, but it directly influences their care journey, leading them to seek care out-of-network or avoid it altogether—ultimately impacting a plan's network, costs, and member trust.

4 in 10 

consumers have found inaccurate provider information on their health plans' website.

77% 

of consumers say inaccuracies affect their trust in their health plan.

30% 

of all consumers and—44% of Gen Z members—have skipped or delayed care as a result of finding inaccurate provider information.

Kyruus Health, 2024 Care Access Benchmark Report for Health Plans

Strategic Priorities for Data Integrity

Achieving a single source of truth for provider data is a foundational step in this transformation. Research highlights the most significant challenges reported by health plans and provides a clear roadmap for where to invest.

➤ Timely Updates

Over half of health plans (57%) struggle to get timely updates from providers on critical changes like addresses or specialties, making directories quickly outdated.

➤ Inconsistent Data

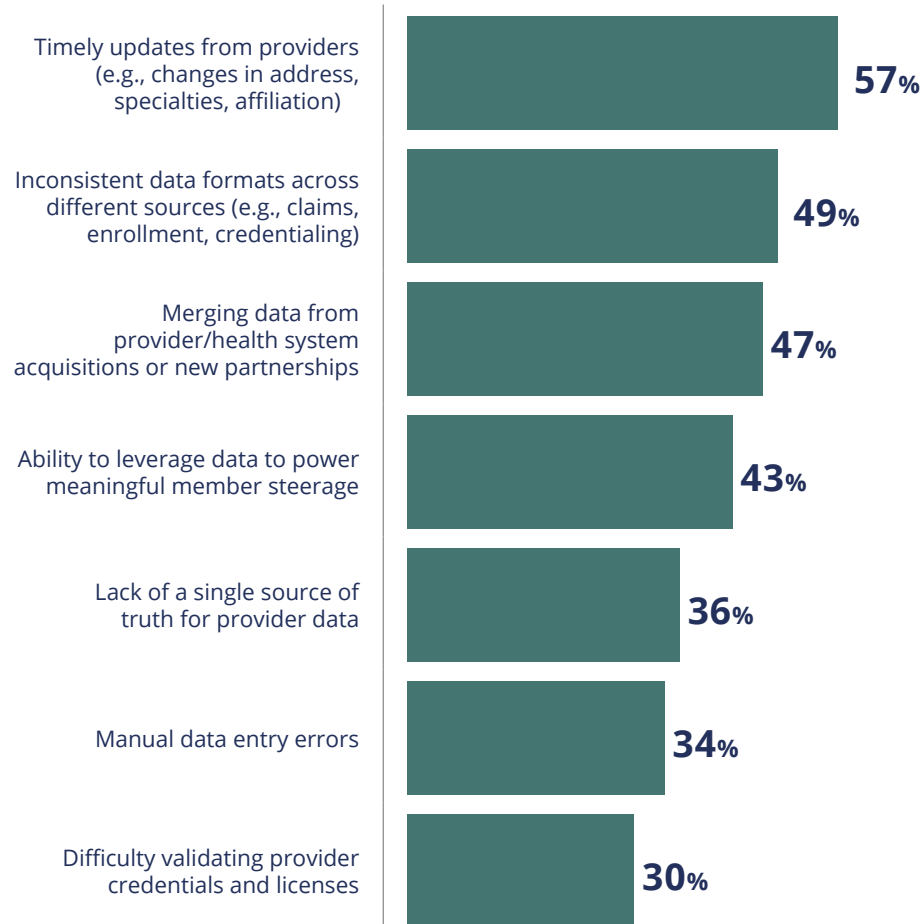
Nearly half of respondents (49%) face challenges with inconsistent data formats from different sources, creating a chaotic foundation for all operations.

➤ Steerage and Single Source of Truth

The inability to leverage data for meaningful member steerage (43%) and the lack of a single source of truth (36%) are direct consequences of these foundational data problems, undermining key strategic goals.

Key Challenges to Provider Data Accuracy

Which of the following are the most significant challenges your team faces regarding provider data accuracy?



AI Is Evolving From Experimental to Essential

The industry is caught in a paradox: it recognizes the power of an AI-powered future but is hesitant to fully embrace it until the foundational data crisis is resolved.

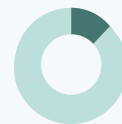
The Future of Steerage: A Strategic Roadmap for AI and Automation

Health plan leaders are united in their belief that AI is essential for the future. A full 100% of executives agree that “AI will be critical to our network strategy” within a year, and 86% expect automation to play a “major” or “transformative” role in provider data management within the next three to five years. They see AI as the lever to improve patient outcomes, with a striking 91% believing it will enhance steerage.

However, a significant gap exists between this vision and current reality. Only 16% of health plans report they are using AI widely for member guidance today. This reflects a cautious approach, as 86% of executives favor a “measured approach” to automation, prioritizing data quality over speed.

The Payer AI Paradox

91%



of health plan leaders believe AI will enhance steerage.

16%



of health plans report using AI widely for member guidance today.

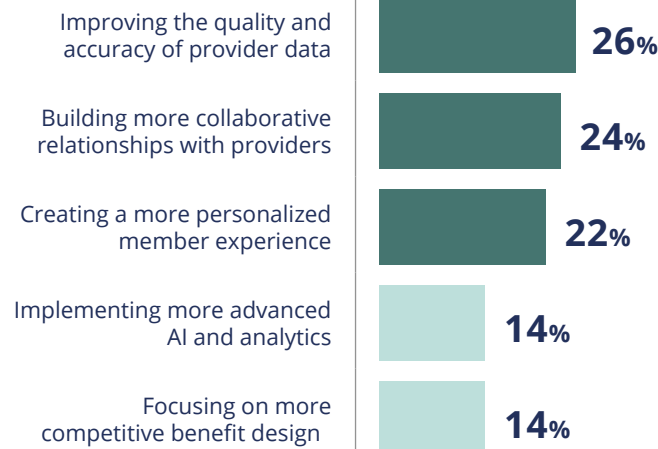


Foundational Investments Drive Future Innovation

While the promise of advanced AI is generating significant excitement, health plan leaders are making a crucial distinction between hype and fundamental change. Rather than ranking AI as a top investment, they are prioritizing the core elements necessary for its success. This foundational focus demonstrates a clear understanding that a modern, AI-powered health plan can only be built on a reliable data and relationship infrastructure. The industry is intelligently choosing to address the root causes of data challenges before heavily investing in the tools that rely on that data. The next step is to accelerate this progress by strategically integrating AI to get further, faster.

Investing to Improve Member Guidance

What are the most important investments to make in the next 2 to 3 years for improving member guidance?



The Path to Actionable Steerage

Overcoming the data dilemma requires a cohesive, integrated strategy across data, AI, and member experience. To drive tangible results, health plan leadership must prioritize cross-functional alignment, ensuring data and AI insights are directly translated into a superior member journey.

Health plans that execute on these priorities will be well-positioned to reduce costs, improve outcomes, and deliver the seamless experience members demand.



Transform the Data Foundation

Move beyond provider-pushed updates by implementing an AI-integrated provider data strategy. This creates the ability to ingest and standardize provider information from multiple sources—including health systems, third-party partners, and data domains—using AI as a universal translator. This makes true payer-provider interoperability possible at scale without a disruptive system overhaul or manual work.



Power a Seamless Member Experience

A clean data foundation and intelligent guidance are only valuable if they drive member action. Convert your static member portal into a dynamic “get care” hub. Leverage consolidated data to power real-time provider updates, display appointment availability, and enable click-to-action scheduling. The goal is for members to find benefit details, supplemental programs, and more, empowering them to research, decide, and act within a single, seamless interaction.



Enable Proactive, Agentic Guidance

True steerage is not about a member searching; it's about the health plan guiding them toward the best choice. This requires a shift from a reactive “find-a-doc” model to an intelligent system that anticipates member needs. Leverage agentic AI to predict, recommend, and automate patterns in how people are using care and deliver personalized interventions. Create “next best action” pathways that proactively guide members to schedule a well-visit, close a care gap, or enroll in a relevant program.

Research Methodology

This survey was conducted by Wakefield Research on behalf of Kyruus Health in August 2025 among 100 senior leaders at U.S. health plan organizations. Respondents represented a mix of national and regional plans across both commercial and government lines of business, with at least 5,000 members.

All sample sizes in the report are n=100 unless otherwise noted.

Size:
100 Senior Leaders

Date:
August 2025

Organization:



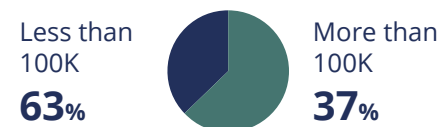
Revenue:



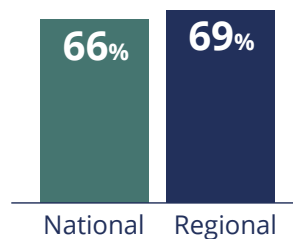
Job Level:



Membership:



Plan Scope:



Plan Type:

