

# Employer Trends in Direct Primary Care 2023

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# KEY TAKEAWAYS

The rapidly rising cost of healthcare in today's fee-for-service system continues to outpace the growth of wages and inflation, creating challenges for employers and employees alike. Employers take on a significant and increasing financial burden to provide healthcare benefits, and yet many employees still struggle to access, navigate, and afford the care they need. In search of solutions, employers are looking beyond traditional health plans to find ways to reduce costs and give employees a better healthcare experience. Thousands of employers have found an answer in Direct Primary Care (DPC).

To understand the changes, challenges, and benefits of employer-sponsored DPC, the Hint Health Data Analytics team compiled and analyzed a sample of Hint's data that included over 3,500 DPC clinicians, 1.1M+ members, and over 6,000 employers. This report highlights the most valuable insights for employers, insurance brokers, and DPC practitioners.

Here are six key takeaways from this report:



**800%**

Employer sponsors offering a DPC benefit increased by 800% from 2017 to 2022



**49%**

of all DPC memberships in 2022 were employer-sponsored



**133%**

The proportion of memberships that were employer-sponsored increased by 133% between 2017 and 2022



**79%**

of working age adults surveyed are "very" or "somewhat likely" to use DPC if offered by their employer



**45%**

Since 2019, the proportion of DPCs who work with employers has remained steady at 45%.



**25%**

of DPC practices working with employers received a portion of their employer-sponsored memberships through DPC networks

# WHY THE HINT EMPLOYER DPC TRENDS REPORT

Direct Primary Care (DPC) is an innovative care model that eliminates the administrative burdens and distorted incentives that have become part and parcel of the fee-for-service healthcare system, and puts the focus of primary care back where it belongs: on patient wellbeing.

Under the unique subscription-based model, a monthly fee paid by individuals, employers, or both, gives patients access to near-unlimited primary care services. Common, but less predictable services that fall outside of the primary care umbrella are available to patients at pre-negotiated rates with transparent pricing. Patients are encouraged to retain appropriate insurance coverage for any more costly unexpected medical services outside the scope of primary care that may arise or for emergencies.

Though still a relatively young model, DPC's popularity is on the rise. From 2017 to 2022, DPC membership across the U.S. increased by 377%. During the same period, the number of active DPC clinicians per 100,000 people increased by 159% compared to a 6% increase in the number of active primary care practitioners (PCPs) per 100,000 people, indicating that more PCPs are opting for DPC over time.

Interest in DPC has not only increased among clinicians and patients, but also among employers and insurance brokers – and for good reason. DPC makes it easier for employees to access primary care on a regular basis, thereby increasing utilization, which results in less visits to expensive sites of care such as specialists, urgent care, emergency departments, and inpatient hospitals. Preventative care and any health issues can be addressed early on at the office of a DPC clinician, often at no additional charge.

With 89% of employees ranking healthcare as the most important benefit and insurance premiums expected to rise 6.5% in 2023 alone, more employers need ways to supplement or substitute traditional health plans to create benefit packages that serve both employers and employees at a reasonable cost.

The goal of this report is to provide a resource to employers and brokers considering DPC as a potential solution. Using compiled data from published resources and a sample of proprietary data from Hint's platform, this report analyzes recent trends in employer-sponsored DPC, and lays out the challenges, benefits, and still-untapped opportunities of this unique model.

# WHAT'S INCLUDED IN THIS REPORT

All the data in this report was compiled and analyzed by the Hint Health Data Analytics team. The data comes from a number of published articles and studies, the U.S. Census, and samples of two proprietary data sources managed and analyzed by Hint Health: the Hint Health Database that stores our HintOS product data and the Hint Health DPC Consumer Insights Survey.

The [Hint Health 2022 Consumer Insights Survey Report](#) is a nine-question survey devised by the Hint team and conducted by the market research firm Dynata in September 2021. The survey sample consisted of 1,000 U.S. consumers aged 25 and over from Dynata's pool of 31 million consumers.

The Hint Health Database contains the largest dataset that provides insights on the economics and development of Direct Primary Care. The sample of de-identified and aggregated data used in this report includes over 1.1 million members, 3,500 clinicians, and 6,000 employer sponsors who meet the following criteria:

## Clinicians

- Have a Hint account with at least one paying member any time from Jan 1, 2017 to Dec 31, 2022
- Charge a recurring membership subscription to members and/or employers for primary care and do not bill insurance for those services
- Provide care within the United States or its territories

## Employer sponsors

- Sponsor at least one DPC member through Hint any time from Jan 1, 2017 to Dec 31, 2022
- Work with a clinician who meets the criteria above

The report is divided into four sections that together provide a primer on employer-sponsored DPC and its advantages, findings on employee attitudes about DPC, data on the evolution and growth of employer-sponsored DPC, and remaining challenges to its adoption.

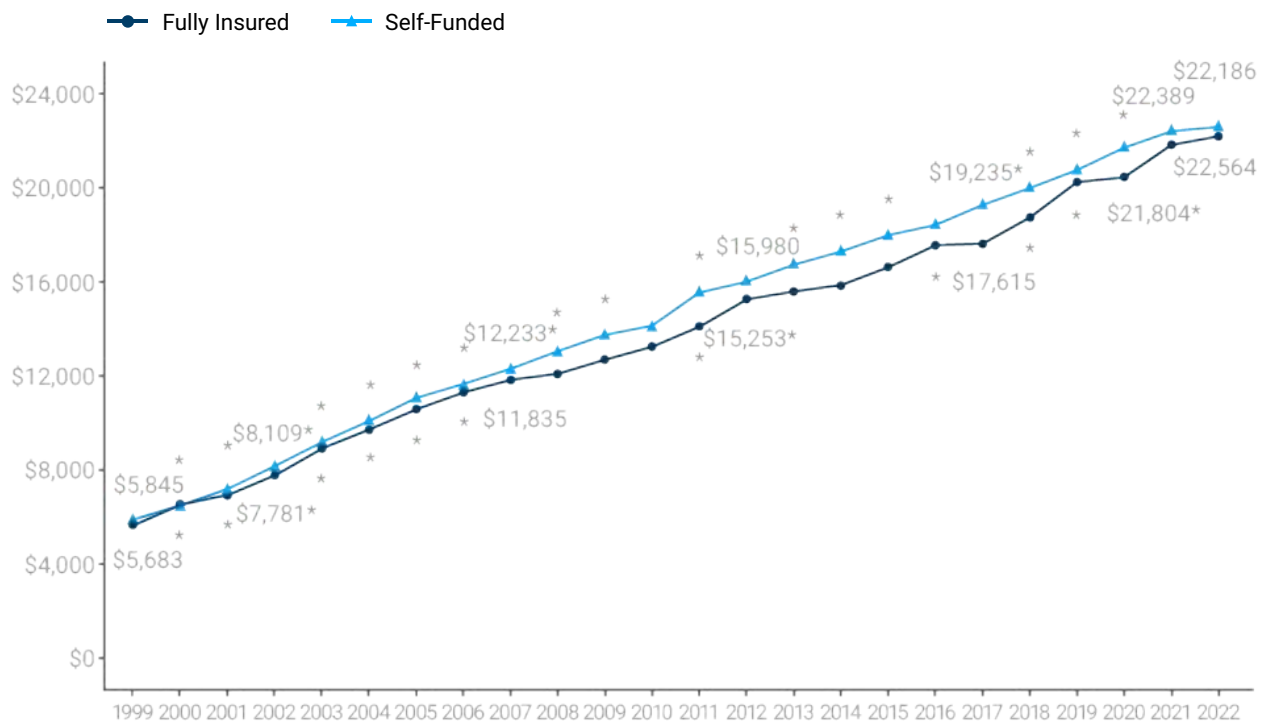
1. **Overview of employer-sponsored DPC**
2. **Advantages for employers and employees**
3. **Trends in employer-sponsored DPC**
4. **Obstacles to employer-sponsored DPC**

# Overview of employer- sponsored DPC

For decades, healthcare coverage has been a critical component of employee compensation packages and one of the most effective ways for employers to compete for workers outside of wages. According to the 2020 US Census report on health insurance, 54.4% of Americans received healthcare coverage from an employer, making it the largest source of coverage.

Unfortunately, providing healthcare coverage to employees becomes more expensive each year. In 2022 alone, the cost of employer-sponsored health plans rose by 3.2%, and it's only getting worse, with plans expected to increase in cost another 6.3% over the course of 2023.

**FIG. 1:  
AVERAGE ANNUAL PREMIUMS FOR COVERED WORKERS WITH FAMILY  
COVERAGE, BY FIRM SIZE, 1999-2022**

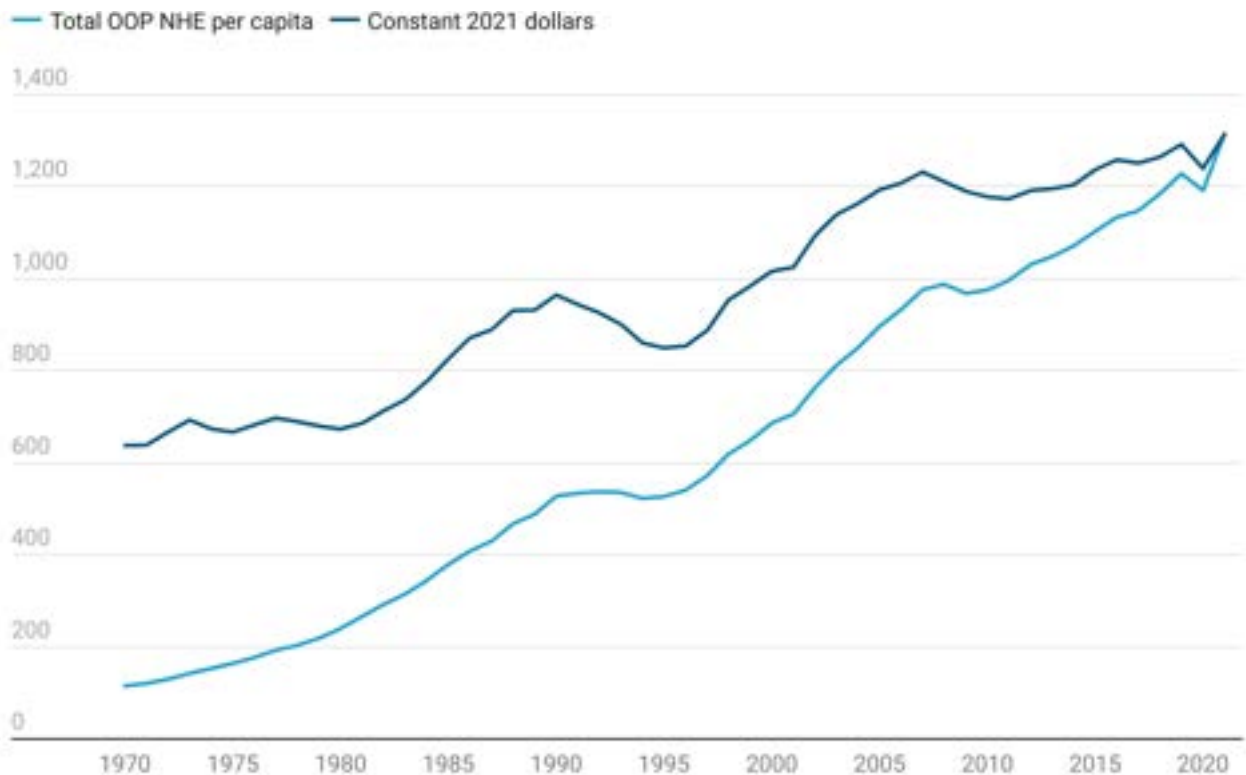


\* Estimate is statistically different from estimate for the previous year shown (p < .05).  
NOTE: Large Firms have 300 or more workers. Self-Funded includes plans that purchase stoploss coverage.

Source: KFF Employer Health Benefits Survey, 2018-2022; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

Despite the increased cost, employers have not seen a commensurate improvement in employee health, satisfaction, or use of the benefits they receive. As a result, many employers and brokers are reworking their healthcare plans, and thousands have chosen to offer a DPC benefit to employees as part of this change.

**FIG. 2:  
PER CAPITA OUT-OF-POCKET EXPENDITURES INCREASED IN 2021**



Note: A constant dollar is an inflation adjusted value used to compare dollar values from one period to another.  
Source: KFF analysis of National Health Expenditure (NHE) data



Employers can sponsor DPC memberships by either contracting with a DPC clinician or working with a DPC network, which brings a group of independent DPC practitioners under one umbrella to serve employers and brokers with large or distributed workforces. How employer-sponsored DPC fits within benefit packages varies, depending on the size of the organization, the existing benefits, and the needs of the employers and employees.

Here are the most common implementation models:

- **DPC standalone or supplement to alternative benefits:** Employers with under 50 employees that aren't required to provide coverage through a health plan often still want to provide a meaningful health-related benefit to employees, and may offer DPC as a standalone benefit or as a supplement to an ICHRA or cost-sharing plan.
- **DPC with a fully-insured plan:** Employers that provide fully-insured plans to employees typically don't have the flexibility to customize it, so employers may choose to add DPC as a complementary benefit to mitigate high out-of-pocket costs associated with other forms of care, and more broadly, to increase employee health, satisfaction, and retention.
- **DPC with a self-insured or level-funded plans:** Self-insured employers that are responsible for the cost performance of their health plan can offer a DPC benefit to employees as a way to reduce unnecessary healthcare spending outside of primary care or improve coordination effectiveness and utilization of cost-containment strategies within the plan design. In some cases, DPC makes it possible for these employers to offer more robust benefits without increasing plan costs or cost shifting benefit liabilities onto employees.

# Advantages of DPC for employers & employees

As we've discussed at length, the skyrocketing cost of health insurance causes significant issues for employee healthcare access, affordability, satisfaction, and wellbeing, as well as the employer's bottom line. Data shows that by offering a DPC benefit, employers can not only improve employee health through higher quality primary care, but also reduce costs and increase employee retention long-term.

# COST SAVINGS

Patients who can't easily and quickly access primary care often resort to expensive specialists, emergency rooms, or inpatient care. In the worst case scenario, patients delay or forgo care entirely, eventually causing more substantial health issues or even health emergencies that would have been preventable with early intervention.

DPC reduces healthcare expenses for employers by giving members immediate access to primary care when it has the most impact and costs the least to provide. Because DPC clinicians have more time to care for patients than insurance-based clinicians, they tend to practice at the full scope of their license rather than making referrals to specialists. Many DPC clinicians also use peer-to-peer consult platforms to give patients a specialist opinion without the added cost.

The financial benefits of DPC for employers are significant and measurable. A seminal, independent study from Milliman commissioned by the Society of Actuaries in 2020 showed that compared to employees in a traditional health plan, employees enrolled in DPC had:

- 40% fewer ER visits
- 53% lower ER spend
- 20% fewer hospitalizations
- 8% lower inpatient spend
- 5% lower outpatient surgery costs
- 12.6% lower overall claims cost

The [2020 Nextera School District Case Study](#) had similar findings, showing that the incidence of claims outside primary care was 13% lower than employees with the traditional option.

## CASE STUDY

### Orchard Health

Nashville, GA

#### EMPLOYER NAME

Chaparral Boats

#### LENGTH OF BENEFIT


2-3 years

#### KEY SUCCESS METRICS

Cost Savings over two years: **\$1M+**

DPC Enrollment Adoption: **20%** Year 1 growth

**26%** Year 2 growth

 We've saved over a million dollars in healthcare costs with this plan... and we expect to continue to see those savings moving forward."

Jeff Smith  
CFO, CHAPARRAL BOATS

# IMPROVED EMPLOYEE HEALTH

DPC practices take on far fewer patients and have significantly fewer and less complex administrative workloads. The model gives clinicians the time and focus needed to address each person’s health holistically and proactively – a far cry from the extremely rushed and reactive primary care that’s often unavoidable for clinicians under the insurance-based fee-for-service model.

As a result, patients of DPC practitioners have been shown to demonstrate better managed chronic or complex health conditions, increased care plan and medication adherence, and ultimately increased wellbeing. The level of access and engagement DPC provides has proven critical especially in treating the root cause of chronic and polychronic disease states. A Primary Health Partners study from 2018 showed that DPC members have better outcomes, including:

- DPC members with hypertension are 12% more likely to have their blood pressure controlled (<140/90 mm Hg) than Americans on a commercial PPO plan.
- DPC members with diabetes are 32% more likely to have their blood pressure controlled (<140/90 mm Hg) than Americans on a PPO plan.
- DPC members with diabetes are 39% more likely to have their Hemoglobin A1c levels controlled (HbA1c <9%) than Americans on a PPO plan.

## CASE STUDY

### Primary Health Partners

Yukon, OK

#### EMPLOYER NAME

Lifetchurch

#### NUMBER OF MEMBERS ENROLLED

1500+

#### KEY SUCCESS METRICS

Number of patient interactions:	6.5k
Value of the claims avoided by partnering with a DPC:	\$670k
Value of lab fees saved by partnering with a DPC:	\$235k

# INCREASED EMPLOYEE RECRUITMENT & RETENTION

In [AHIP's 2023 Value of Employer-Provided Coverage report](#), 68% of 1,000 consumers surveyed said that health coverage plays an important role in job recruitment, and 77% said it plays an important role in job retention. Eighty-nine percent of employees ranked health-related benefits as the most important employer benefit, according to [SHRM's 2023 Employee Benefits report](#).

Despite the near universal recognition among employees of the value of employer-sponsored health coverage, only 55% of employees surveyed by SHRM were satisfied with the health benefits they are currently receiving. The gap suggests that just providing healthcare coverage is no longer sufficient to meet employee needs, and that quality and ease of access matter more than ever.

Based on the relative Net Promoter Scores (NPS), patients are generally more satisfied with DPC compared to national health insurance. The average NPS for national health insurance is 7, whereas DPC has an NPS of over 70, which shows that patients can both afford DPC and find it worth the price.

Almost all of DPC practices offer care via video chat, phone, text, and email, which may also contribute to high employee satisfaction, since 68% of consumers who responded to AHIP's survey said they expect telehealth services to be included in their health insurance plan. By sponsoring a DPC membership, employers meet the expectation for telehealth and give employees remote access to a clinician who they already know, leading to more effective care.

Employers who sponsor memberships are just as satisfied with DPC as the employees who use them. A sample of Hint's data shows that on average 84% of employers who sponsor DPC memberships for employees continue to do so after the first year, suggesting it's a particularly "sticky" benefit that employers and employees alike want to keep.

## CASE STUDY

### Frontier Direct Care

Harlingen, TX

#### EMPLOYER NAME

Local Self-Funded Municipality

#### NUMBER OF MEMBERS ENROLLED

3200+

#### KEY SUCCESS METRICS

Reduction in medical claims cost: 50.38%

Net plan savings in one fiscal year: \$1.1M

Net Promoter Score (NPS) 86

# EMPLOYEE PERCEPTION & ADOPTION OF DPC

Data on employee attitudes about DPC further substantiate that DPC can drive employee recruitment and retention. The vast majority of employees are interested in receiving a DPC membership, willing to contribute to its cost, more likely to see a DPC clinician than an insurance-based one, and have an improved opinion of employers who offer DPC as a benefit.

Specifically, the [Hint Health DPC Consumer Insights Survey](#) found that 91% of people aged 25 to 34, and 85% of parents are very or somewhat likely to use DPC if it were offered by their employer. Eighty-one percent of all consumers surveyed would also be willing to pay for a portion of their membership.

Employees who receive DPC benefits show increased engagement with primary care compared to those who only receive an insurance-based fee-for-service plan. Under the traditional model, patients have to navigate confusing directories, find an in-network clinician with availability, and then book an appointment, often far out. With DPC, members select a clinician at the time of enrollment, and most DPC offices proactively reach out to members with the goal of starting the relationship at the first appointment within 30 days.

Ease of access also facilitates more clinician-patient interactions. In the Primary Health Partners Direct Care Approach Case Study, DPC members saw their clinician an average of 3.5 times per year, twice as often as the national insurance-based fee-for-service average of 1.6 times. With DPC appointments typically lasting over twice as long as insurance-based ones, DPC members are also spending 6x as much time with their clinician overall than patients seeing insurance-based clinicians.

Employees' positive attitudes and experiences with DPC translate to improved opinions about employers, too. The Paladina Large/ Group Case Study of 2019 reported an 80% enhancement in employees' opinions of their employers after having accessed DPC. By providing a DPC benefit, employers convey a clear message to employees that employers genuinely care about employee wellbeing. This is critical in today's tight labor market where many employers report difficulties retaining employees.

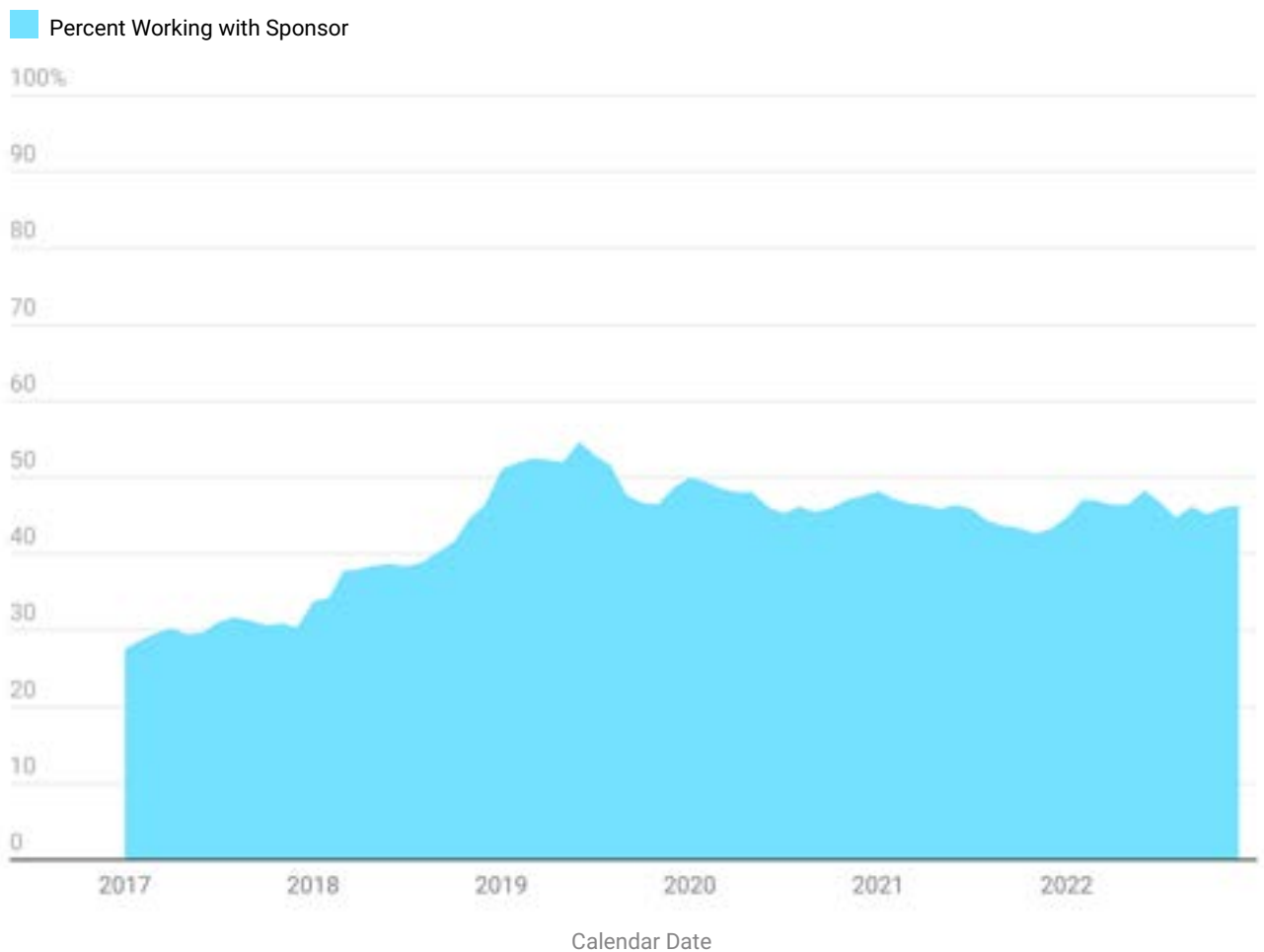
# Trends in employer- sponsored DPC

Given the tremendous value of implementing DPC and overwhelmingly positive perceptions of DPC from educated employees, it's important to take a look at how employer sponsorship has evolved in the DPC space. The following insights and observations are gathered from a sample of Hint Health's proprietary database, the largest dataset that provides insights on the economics and development of Direct Primary Care.

# GROWTH IN DPC PRACTICES THAT WORK WITH SPONSORS

DPC practices that work with sponsors experience 4.5 times more membership growth than clinicians with retail-only members, and partnerships have increased accordingly. On Hint, the proportion of practices partnering directly with employer sponsors grew from 30% in 2017 to just over 54.7% in 2019. In the three years since, the rate has steadied, with a consistent 40% to 50% of practices choosing to work with employer sponsors.

**FIG. 3:**  
**PROPORTION OF DPCS WORKING WITH EMPLOYER SPONSORS OVER TIME**

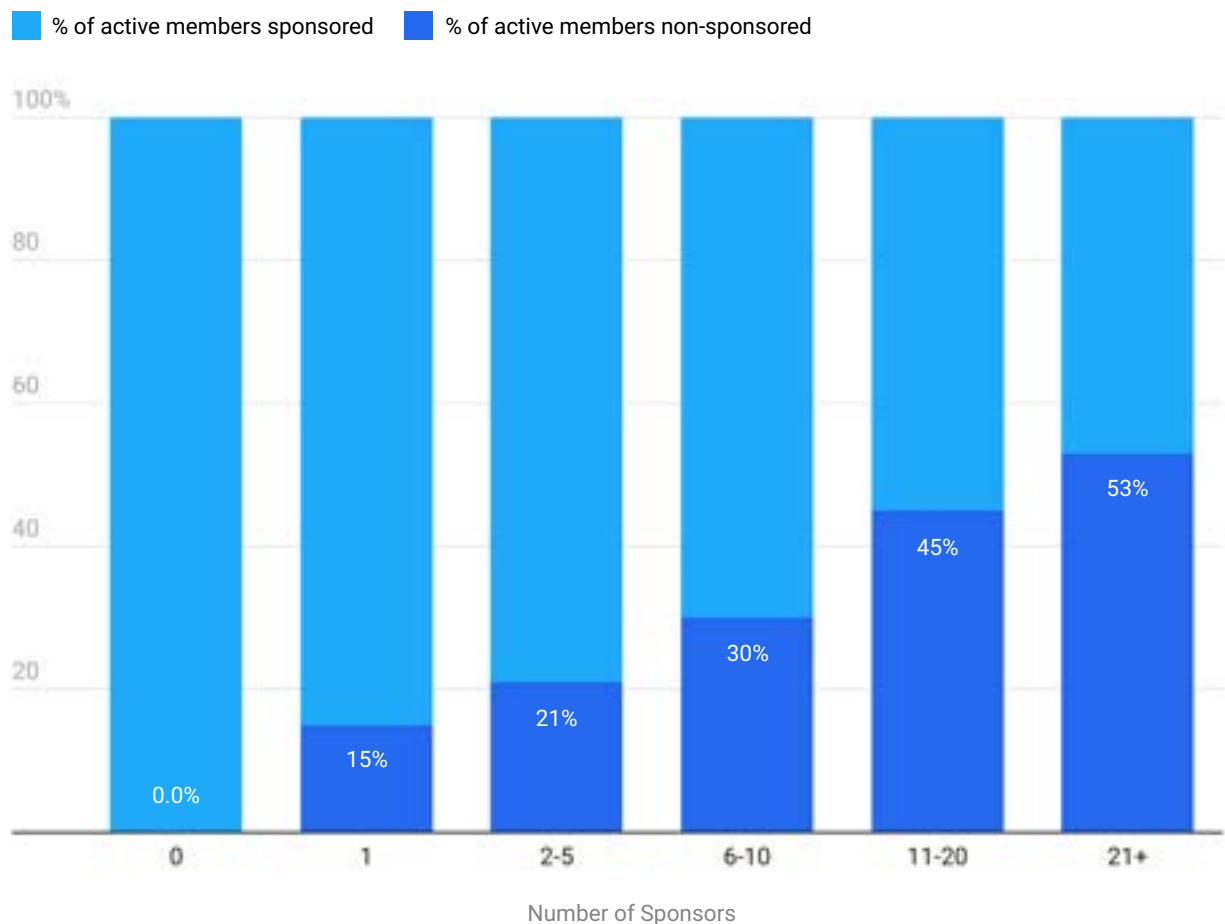


Source: Hint Health Database



As the number of DPC practices working with sponsors has increased, so too has the average proportion of employer-sponsored members on a clinician’s panel has increased. However, the average proportion of employer-sponsored members has not increased proportionally to the number of sponsors, showing that most DPCs work with smaller employers. DPCs working with multiple employers also still have a sizable portion of retail members. Working with smaller employers and maintaining a healthy panel of retail members allows DPCs to avoid significant loss of members if a large sponsor churns or if an unexpected market force, such as COVID-19, forces employers to change coverage quickly.

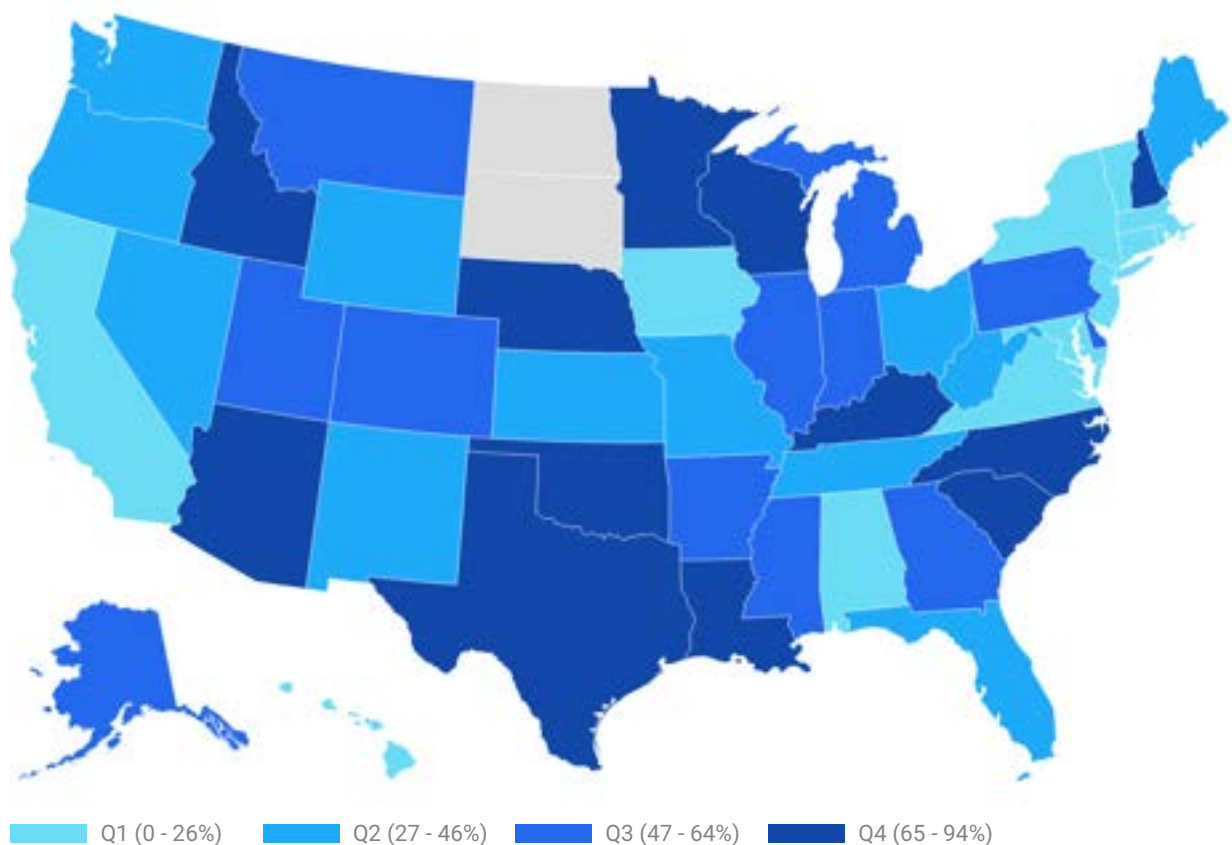
**FIG. 4:  
PRACTICE PANEL MIX BY # OF EMPLOYER SPONSORS**



Source: Hint Health Database

When we look at the proportion of DPCs working with employers by state, we see big differences on a state by state basis. Though employer sponsorship of DPC has grown, large discrepancies in the rates of adoption demonstrate the existence of a “cold start problem,” where both sides of the marketplace – employer and a DPC employer offering – have to activate at the same time for a new product to succeed. Partnerships between DPCs and brokers and employers require awareness, and significant time and business development on both sides. Discrepancies may also result from the regulatory landscape and other employer healthcare offerings in each market.

**FIG. 5:  
PROPORTION OF DPC PRACTITIONERS WORKING WITH SPONSORS BY STATE**



Source: Hint Health Database

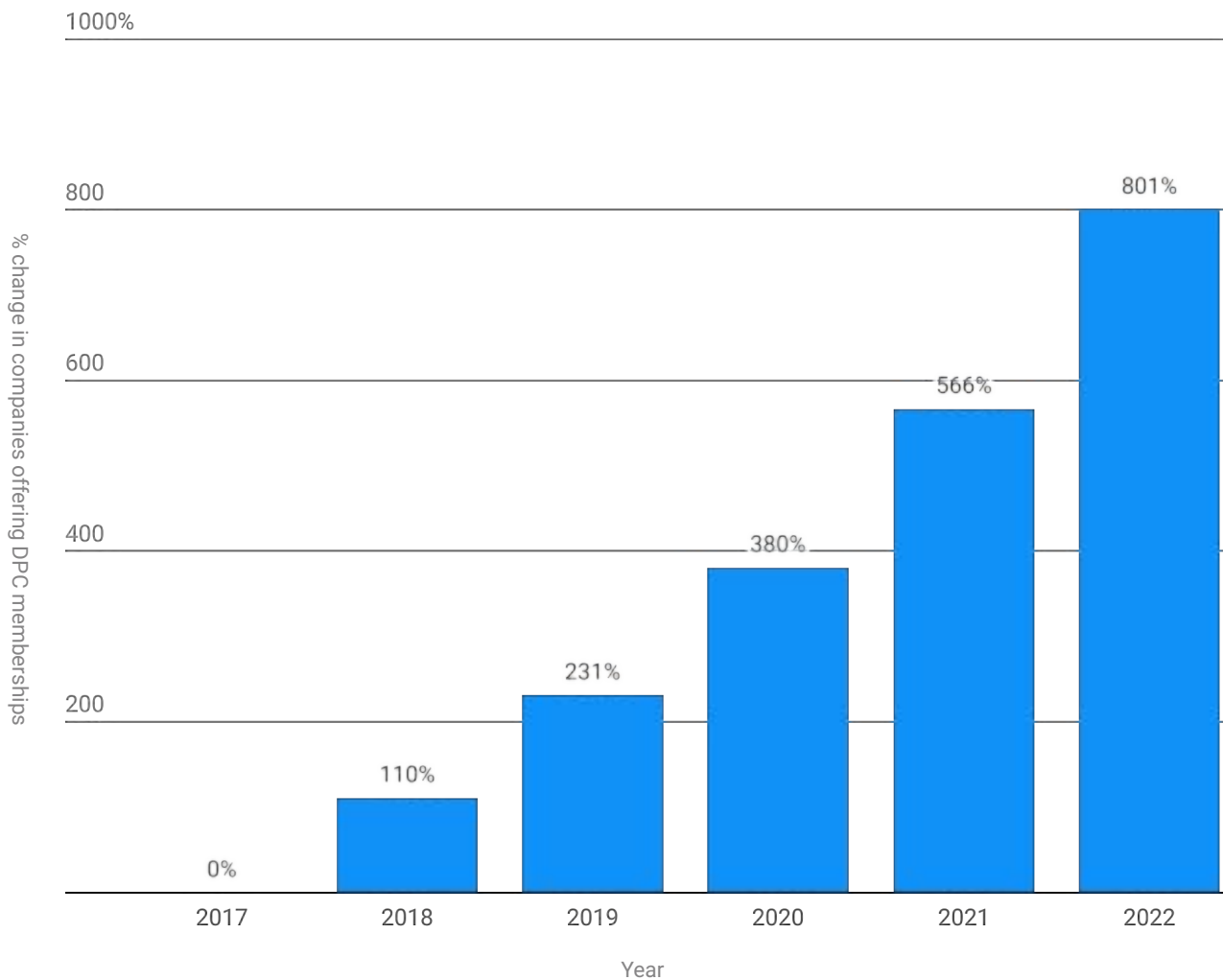
For many DPC practices, creating the relationships and developing the programs required to increase employer-sponsored members will take more time. Based on a sample of Hint’s data, DPC practices take an average 6.2x longer to add their first employer-sponsored member compared to retail members.



# GROWTH IN EMPLOYER SPONSORS

The number of employers providing a DPC benefit to employees has grown significantly since 2017. From 2017 to 2018, the number of employer sponsors in this sample more than doubled. The rate has continued to increase steadily since then. In 2022, practitioners in the sample worked with over 6,000 employer sponsors who offered DPC membership as a benefit to employees.

**FIG. 6:**  
**GROWTH IN EMPLOYER SPONSORS OFFERING DPC MEMBERSHIPS**

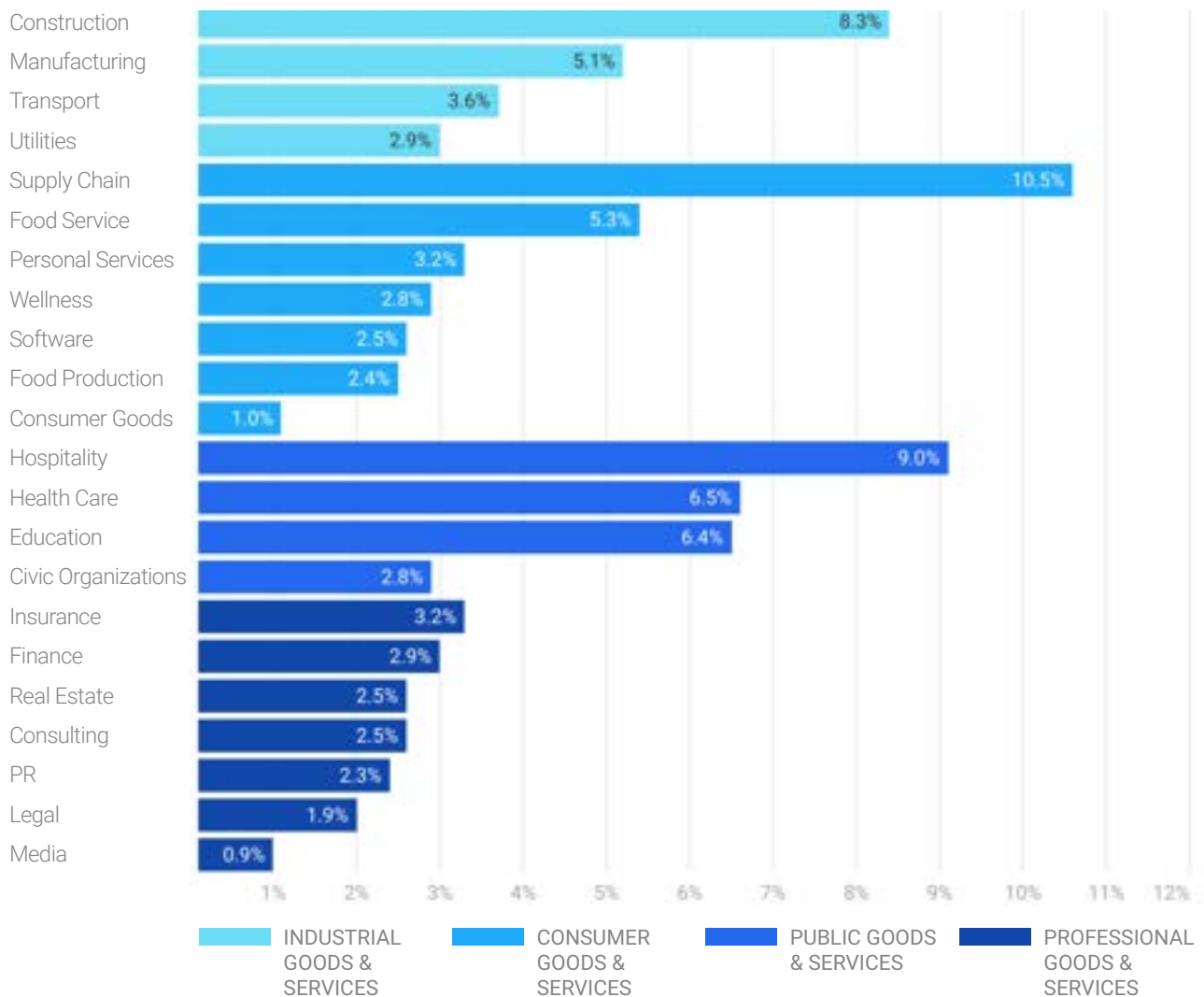


Source: Hint Health Database

These employers span a wide variety of industries and represent employees across a range of ages, labor types, and presumed health statuses. Thirty-one percent of employer sponsors on Hint work in industrial goods such as construction, manufacturing, transportation, and utilities. Twenty-seven percent operate in consumer goods, 25% in the public sector, and the remaining 16% provide professional services, such as real estate, finance, insurance, and media.

The fact that we see organizations in every sector providing DPC as a benefit to employees underscores the versatility of DPC for the entire consumer population, the fundamental need for high-quality primary care for all people, and the increased investment in meeting that need among business groups, public leaders, and brokers.

**FIG. 7:  
DPC EMPLOYER SPONSORS BY INDUSTRY**

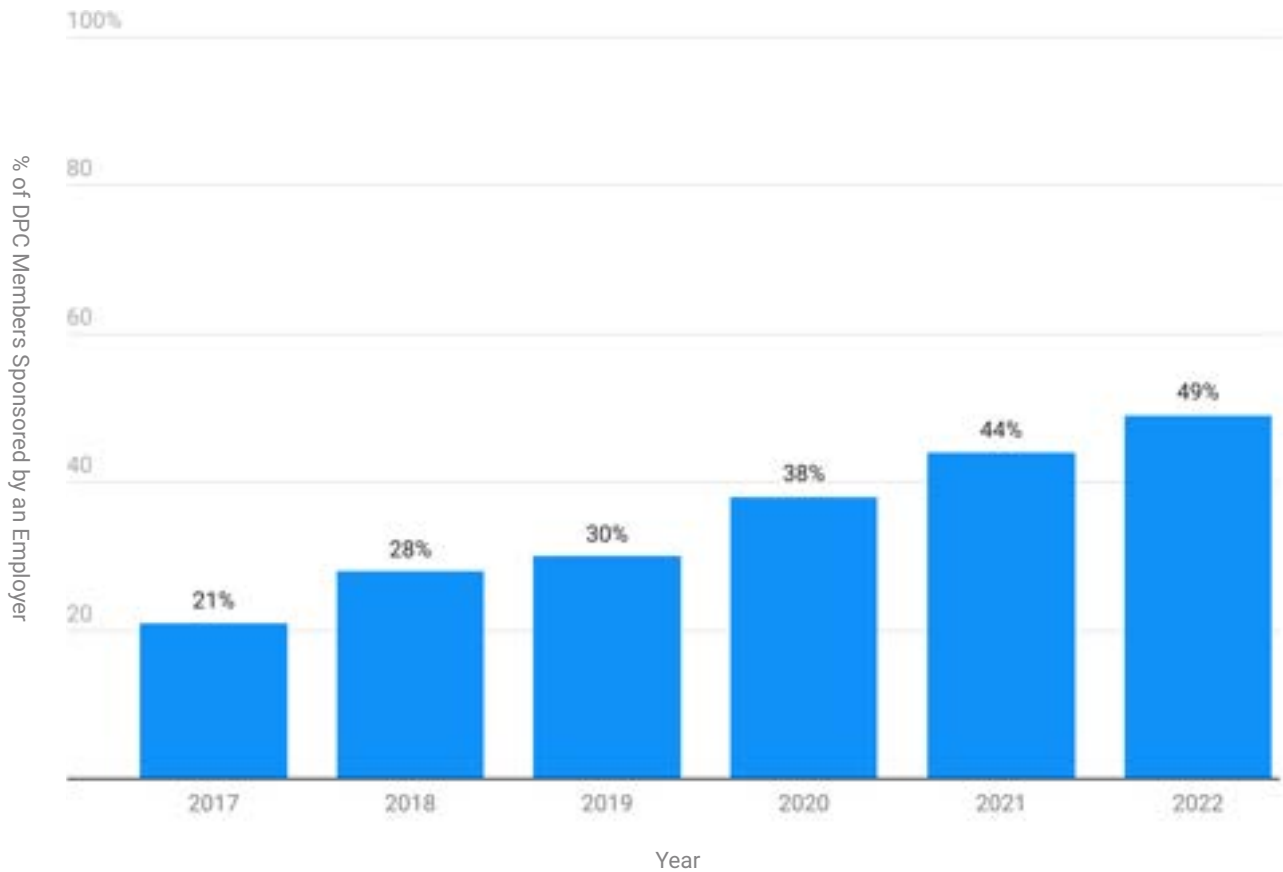


Source: Hint Health Database

# GROWTH IN EMPLOYER-SPONSORED MEMBERSHIPS

The rapid growth of employer-sponsored DPC memberships has significantly outpaced the growth rate of memberships paid for by patients directly. In 2017, 21% of DPC memberships on Hint were employer-sponsored. In 2022, the proportion more than doubled to 49%.

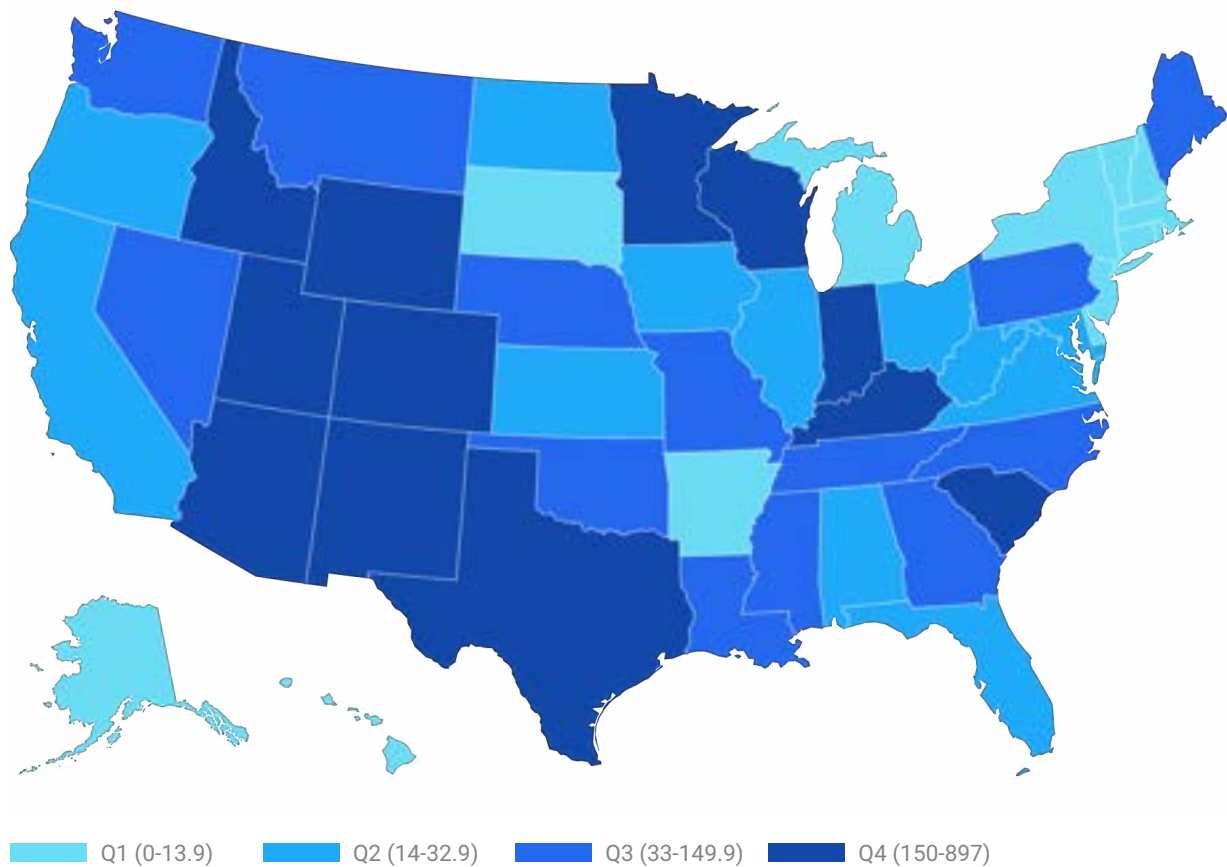
**FIG. 8:**  
**ANNUAL PROPORTION OF EMPLOYER-SPONSORED MEMBERS AMONG ALL DPC MEMBERS**



Source: Hint Health Database

Similar to the rates of DPC practices working with sponsors, the number active of employer-sponsored memberships per 100,000 people varies significantly state to state, with the highest concentrations in Minnesota, Utah, Indiana, Colorado, and Arizona, and the lowest in Rhode Island, New York, Massachusetts, New Jersey, and Hawaii. Increasing employer-sponsored memberships in these locations will require more awareness, interaction, and development on the supply side of DPC practices, and the demand side of brokers and employers.

**FIG. 9:  
ACTIVE EMPLOYER-SPONSORED DPC MEMBERS PER 100K PEOPLE  
IN THE US BY STATE IN 2022**



Source: Hint Health Database

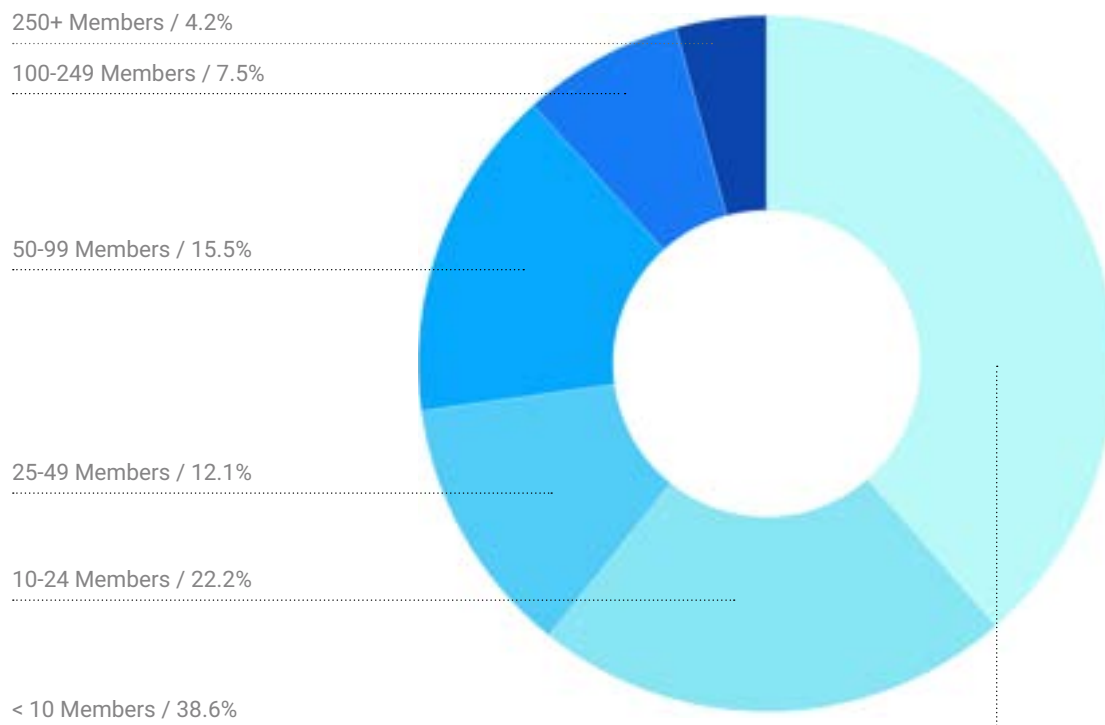
# SIZE OF BUSINESSES OFFERING DPC BENEFITS

Today, DPC practitioners are primarily selling to small businesses. Compared to large corporations, small businesses tend to have quicker purchasing cycles, fewer decision makers, and fewer legal constraints in terms of what employee healthcare packages must include.

Employer sponsors on Hint grew by 35% from December 2021 to December 2022, but very little of that growth came from larger organizations. DPC practitioners continued to have success with organizations of 25 or fewer members, which accounted for 61% of that employer sponsor growth.

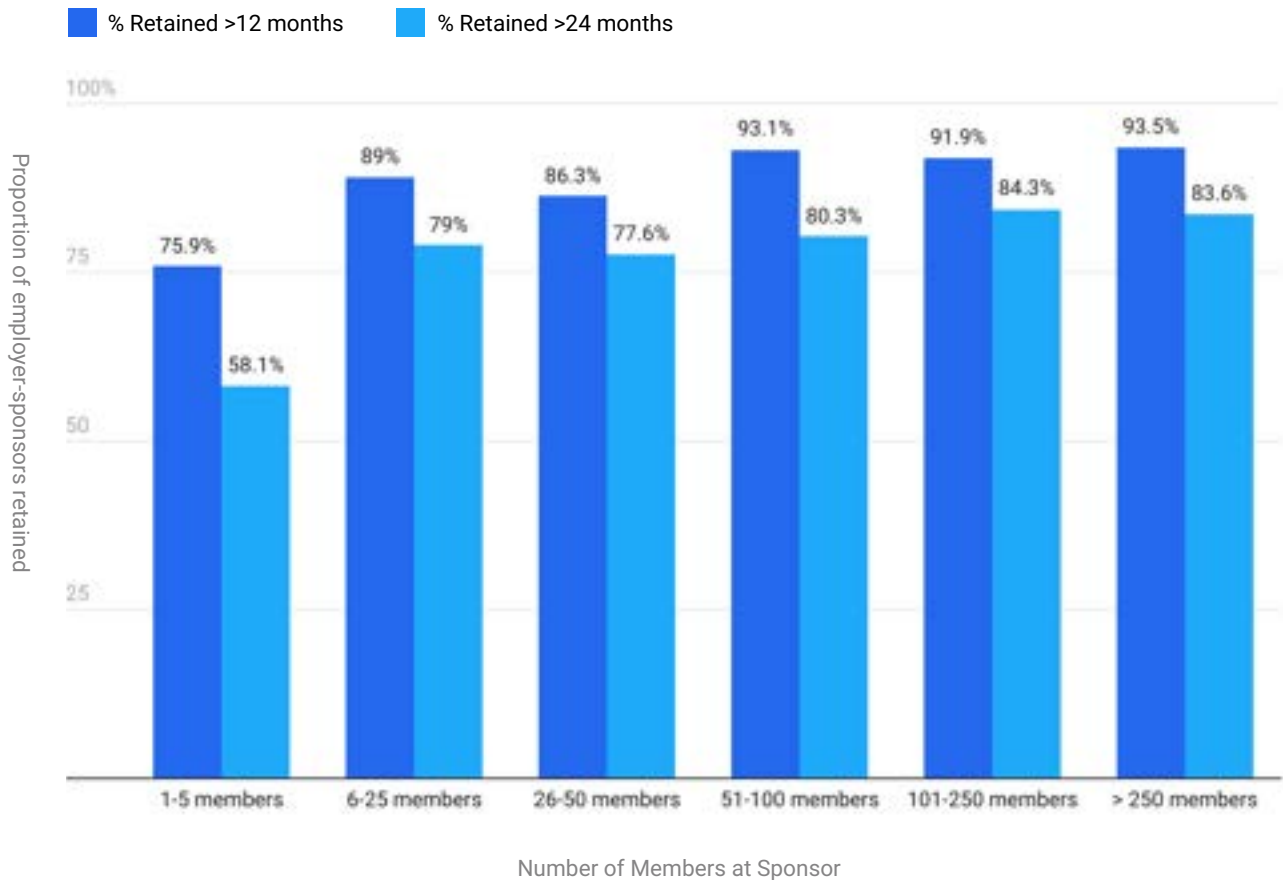
In order for DPCs and DPC networks to sell membership plans to larger companies, they'll need to make significant investments into sales and relationship management. Currently, many smaller DPC practices don't have the time or financial resources required to support such initiatives.

**FIG. 10:**  
**SPONSOR SIZE & PROPORTION OF TOTAL SPONSOR GROWTH 2021-2022**



Source: Hint Health Database

**FIG. 11:  
PRACTICE RETENTION OF EMPLOYER SPONSORS BY SPONSOR SIZE**



Source: Hint Health Database

DPC benefit is well received by employers as we see strong renewal rates across all employer size, particularly in larger employer segments. More than 90% of employers with 50+ employees are maintained for more than one year. Notably smaller employer groups with less than 5 enrolled members have the highest churn rate.

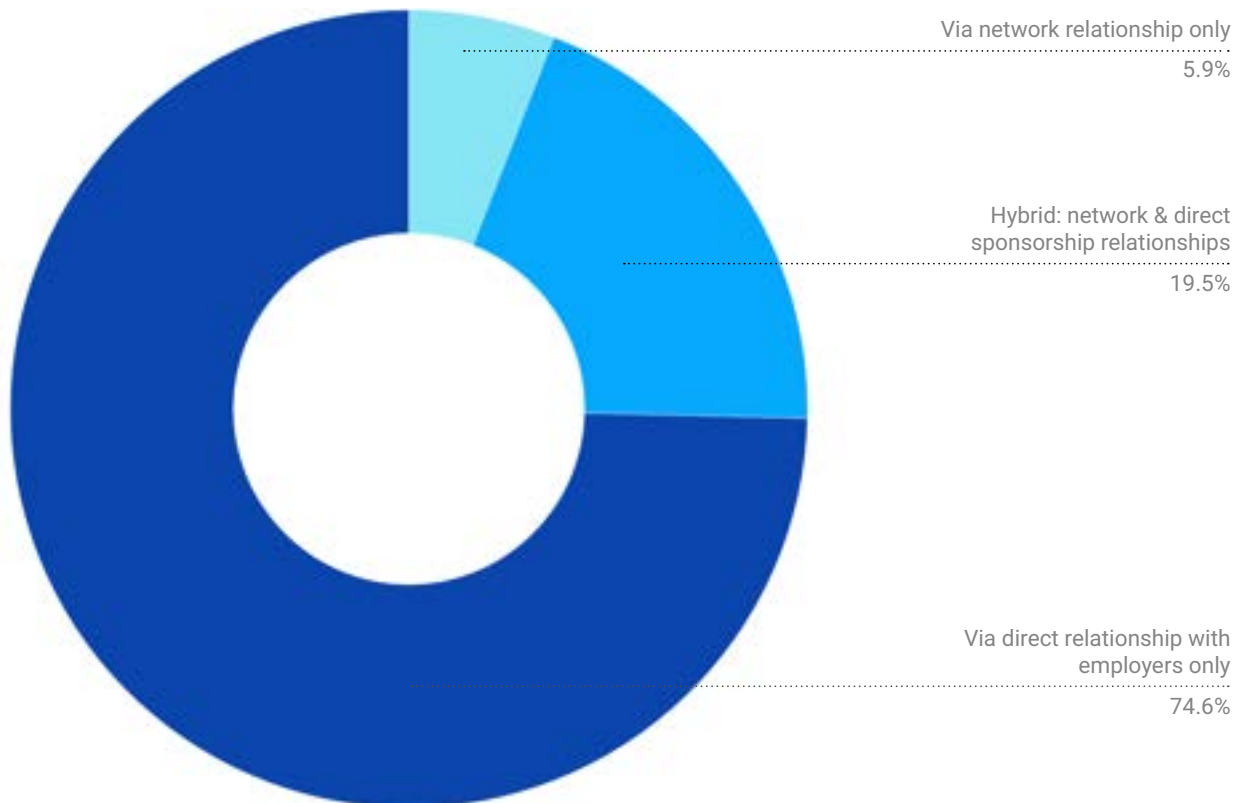


# GROWTH IN NETWORK-DRIVEN EMPLOYER-SPONSORED DPC

National and regional DPC networks have emerged as a way to address the pervasive misalignment between the capacity of individual DPC practices and prospective members in given markets. DPC networks give employers and brokers a single point of contact for multiple DPC practices, which allows organizations to provide a DPC membership benefit to employees who live and work in different geographies.

While 75% of DPCs still only secure employer-sponsored memberships by partnering directly with employers, the proportion of practitioners securing these memberships through DPC networks is on the rise. From 2019 to 2022, among all practices who worked with sponsors, the percent of practices who received employer-sponsored members via a network doubled from 13% to 26%.

**FIG. 12:**  
**HOW DPCS RECEIVE EMPLOYER-SPONSORED PATIENTS**



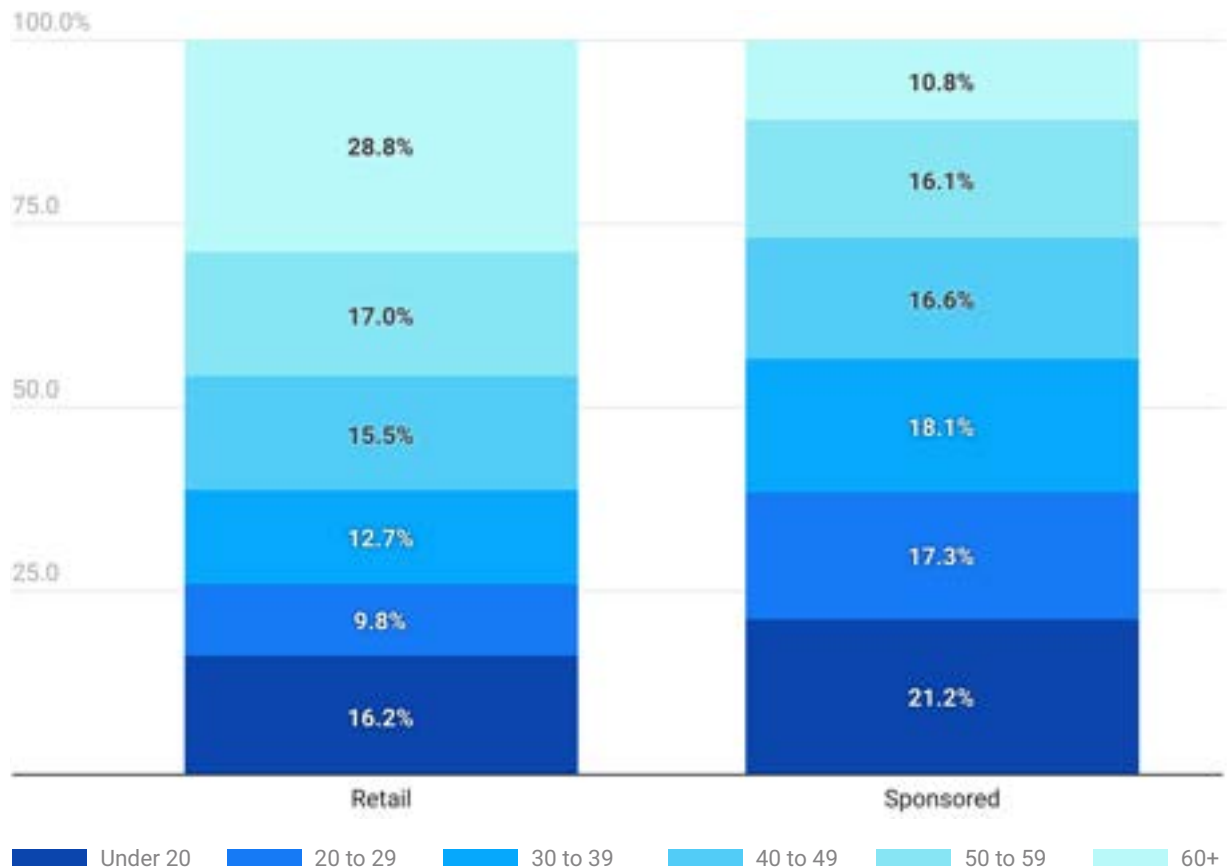
Source: Hint Health Database

# AGE OF MEMBERS SPONSORED BY EMPLOYERS

Employer-sponsored members tend to be younger compared to those who purchased retail memberships. Because younger patients are likely less medically complex and their committed membership with the DPC is also longer (minimum of one year) when they enroll into the benefit, it's a great way to grow the practice panel.

As of December 2022, the median age of employer-sponsored members was 35, compared to 42 for retail members. Further, 38.5% of sponsored members are under 30, compared to 26% of retail members, and 11% of sponsored members are over 60 compared to 29% retail.

**FIG. 13: MEMBER AGE BY SPONSOR STATUS**



Source: Hint Health Database

# Obstacles to employer- sponsored DPC

While employer-sponsored DPC offers numerous advantages to organizations and their employees, there are still obstacles to adoption. Overcoming regulatory hurdles, addressing resistance to change, and fostering closer collaboration among brokers, employers, and DPC clinicians are crucial to realizing the full potential of DPC as a primary care solution at scale.

# REGULATORY HURDLES

While DPC benefits can be offered by employers in conjunction with PPO and unbundled health plans, some employers avoid pairing DPC with HDHPs because of the current IRS classification of DPC arrangements. As of late August 2023, according to the Direct Primary Care Coalition, the “IRS incorrectly interprets DPC arrangements as health plans under Section 223(c) of the Internal Revenue Code” and individuals with HSAs cannot be offered a second health plan.

To address the gap, a group of federal lawmakers introduced the Primary Care Enhancement Act, which would enable Americans to use tax-free health savings accounts to access DPC. If passed, it would also open the doors to the 28% of employers who offer HDHPs to employees.

# COLLABORATION AMONG BROKERS, EMPLOYERS, & DPC CLINICIANS

In Employers purchasing health coverage for employees often work with an insurance broker, who recommends a defined set of standardized insurance plans, such as HMOs, PPOs, and HDHPs, from compatible vendors available in the employer's area. Brokers receive compensation from these carriers, which can create misaligned incentives. While brokers aim to serve employers and employees, at the end of the day, they get paid by insurers.

Competing interests for brokers cause even more problems in the current environment. Employers are experiencing significant annual cost increases from insurance companies and employees are finding it more difficult and expensive to get the healthcare they need. Employers want to lower costs and give employees access to better care, but often aren't made aware of any better options in the marketplace unless their brokers suggest them.

In this sense, brokers can either act as a guide or a gatekeeper for employers. Innovative brokers in the former category have proved to be one of the keys to both introducing and successfully implementing DPC programs for employers. Because DPC practitioners don't participate in traditional insurance networks, brokers need the knowledge, tenacity, and creativity to design a plan where DPC can fit in and ideally optimize the employer's existing employee benefit package. Fortunately, a handful of organizations including Health Rosetta and ePowered Benefits have emerged to provide brokers critical resources to make this possible.

To increase the ease and frequency of adoption of employer-sponsored DPC, brokers and DPC practitioners or networks need to foster close collaboration to co-create an offering that will be both attractive to employers and employees and beneficial to DPC clinicians. In the traditional system, insurance companies disintermediate the purchaser, advisor, and service, leading to few interactions between employers, brokers, and clinicians. Breaking this cycle through mutual understanding, shared goals, and ultimately, partnerships, will prove critical to lowering costs for employers, and ultimately providing better healthcare experiences for employees through DPC.

# Committed to DPC

Since 2013, Hint has been committed to increasing adoption of Direct Primary Care. Employer sponsorship of DPC is a way to expand awareness of and access to DPC, especially given the large percentage of Americans who receive healthcare benefits from their employers.

To learn how we can support employer-sponsored DPC for practitioners, brokers, and employers, visit:  
<https://connect.hint.com>.

# REFERENCES

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# EMPLOYER TRENDS IN DIRECT PRIMARY CARE 2023

