

Reimagining Healthcare: How Advanced Primary Care Can Transform Health Plans and Improve Lives

Abstract

Healthcare costs are spiraling out of control – and traditional primary care models are not equipped to stop the slide. For employer and multi-employer health plans, the challenge is clear: rising costs, declining access, and health plan members forced to choose between paying bills and getting care. But there is a better path forward, and unlike many healthcare solutions, this one actually works! Advanced Primary Care (APC) offers a high-touch, data-driven, and deeply personalized model that integrates mental health, chronic disease management, pharmacy, diagnostics, and more. As a transformative solution, advanced primary care (APC), comprises a [high-touch care model](#) focused on team-based care, smaller panel sizes, modification of clinical workflows to incorporate data insights, and the assumption of substantial [two-sided risk](#). By rethinking the delivery of primary care, health plans can cut unnecessary spending, improve clinical outcomes, boost workforce productivity, and turn their health centers into a competitive advantage. This article lays out the clinical and financial case for deploying APC strategies that work – whether on-site, near-site, or virtual – and provides real-world results from organizations already reaping the benefits

1. Introduction: The Status Quo Is Failing – But There's a Solution

Nearly 160 million Americans rely on employer-sponsored or multi-employer sponsored health insurance, yet many face a frustrating reality: rising out-of-pocket costs, fragmented care, and poor access to even basic services. Health plan sponsors are watching their costs rise faster than inflation – and often for the worst reasons: missed prevention, unmanaged chronic disease, and overuse of emergency rooms and specialty care.

Worse still, financial stress is eroding the workforce's health and productivity. A 2025 *BenefitsPro* report found that:

- Financial wellbeing remains a top concern for US workers, with 62% worrying about money at least once a week; 23% worry about money every day.
- One in three U.S. adults have \$300 or less in their savings account, and 45% have less than \$500.
- More than 35% of U.S. individual's income varies from month to month; 15% of people see a fluctuation of 10% or more each month and 40% hold 'Fair' or 'Poor' credit scores – which can further financial exclusion.
- More than three-quarters of plan sponsors think they provide an environment supportive to financial wellbeing, but only 39% of individuals agree.

If given the choice between paying bills and food on the table versus seeking necessary medical care, unfortunately health typically takes a back seat. But there's good news: there is a model that works — for workers, their families, and for plan sponsors. Advanced Primary Care (APC) centers offer a bold, modern solution to our most persistent healthcare problems.

APC isn't just a nicer waiting room or extended hours. APC is a radically more efficient and effective care model, designed from the ground up to deliver what traditional fee-for-service cannot: access, continuity, outcomes, and value. With embedded mental health, on-site medication dispensing, lab diagnostics, virtual access to specialist care, and care navigation, APC centers empower patients to take control of their health — and help plan sponsors take control of their costs.

2. What Makes Advanced Primary Care Different – and Better?

Advanced Primary Care is not business-as-usual. Although it has been around for years with different names and capabilities, as APC evolves it is a model that redefines how care is delivered, coordinated, and measured. Built around prevention and continuity, APC centers provide whole-person care that's accessible, integrated, and tailored to each member's needs.

Key components of APC:

- **Embedded Behavioral Health:** Early intervention for anxiety, depression, and more.
- **On-site Medications:** Prescriptions without delays and often without third-party pharmacy visits.
- **Preventive Diagnostics:** Labs, screenings, and immunizations delivered on-site.
- **Virtual and Extended Access:** Care when and where members need it.
- **Plan Navigation:** Clinical teams help members use their health plan smarter, not harder.

From managing diabetes and hypertension to providing mental health support and medication adherence, APC is built to close the gaps that traditional care leaves wide open.

The capability of the APC model continues to expand rapidly and include:

- Teleconferencing with specialists to consult with a clinical team, reducing patient referrals for unnecessary visits.
- Managing occupational health and return-to-work needs using digital support programs that greatly reduce physical therapy dependency and cost.
- Full-pharmacy offerings including specialty drugs managed by an on-site or virtual pharmacist (Several APC vendors are now deploying a pharmacy-only model for those health plans solely focused on controlling their escalating Rx spend).

3. The Clinical Case for APC

The evidence is clear: patients with strong primary care relationships have better outcomes and lower total costs. Embedding behavioral health within APC centers improves access and reduces stigma. Managing chronic conditions with more frequent touchpoints prevents emergencies.

For example, patients receiving on-site medications and lab services experience fewer delays, better adherence, and fewer complications. Plan sponsors who integrate wellness and disease management into APC see higher engagement, lower absenteeism, and reduced administrative burden.

Plan sponsors who integrate wellness and disease management into APC see higher engagement, lower absenteeism, and reduced administrative burden.

With expensive treatments like GLP-1s on the rise, APC is also key to medication adherence. Imagine offering weight-loss drugs only to patients who agree to monthly APC check-ins. It's a win-win: better outcomes for patients, and smarter spending for the plan.

Many organizations today offer some type of wellness, well-being, or population health management program. With incentives to optimize health, many plan sponsors are integrating their

wellness programs into APC centers to promote engagement between program participants and the clinical staff. Making health centers the hub of wellness efforts and health plan navigation not only drives better utilization and outcomes, it also reduces the administrative burden for plan administrators.

With the overwhelming number of healthcare point solutions on the market, driving sustained utilization and adherence has plagued most health plans. APC centers provide an ideal setting for members to get access to these programs after being clinically evaluated to meet the criteria for use of a program(s). If a program requires a device like a blood pressure monitor, for example, APC centers can stock devices onsite to be distributed and set-up by the clinical team to help the patient successfully commence a program.

4. Case Studies and Supporting Evidence

The US Advanced Primary Care vendor market focused on employers and multi-employers is comprised of 5-6 national companies of scale (200+ health centers). There are smaller APC vendors, local health systems, and virtual APC providers that will support health plan sponsors in their local communities based on size, geographical disbursement, services offered, etc.

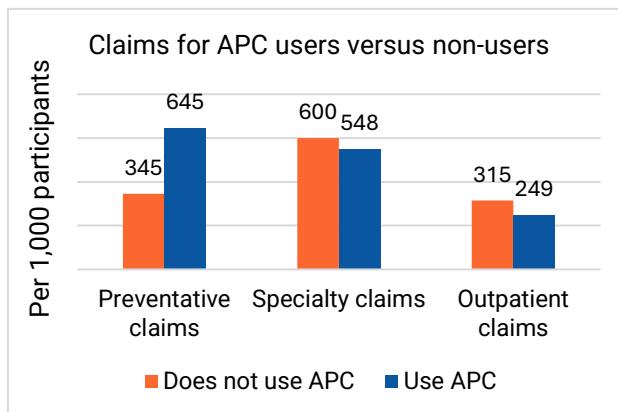
Below are three case studies, the first consisting of data from one of the national APC vendors across 60 health centers covering 224,000 lives. The two additional case studies are current Bolton clients.

Case Study #1: 60 APC Health Centers Covering 224,000 Patients

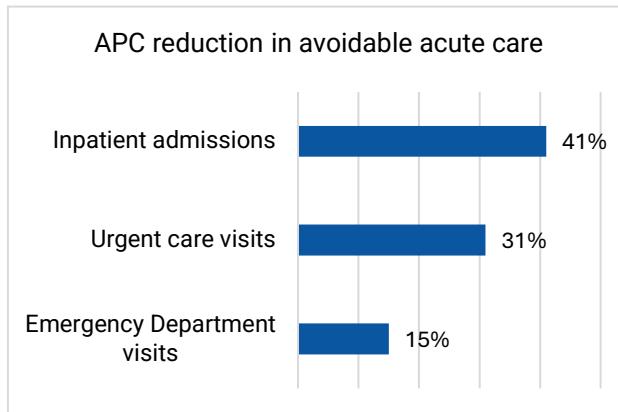
The following summary highlights the healthcare savings achieved after a six-month study to evaluate and measure the return on investment for health plan sponsors. The analyses used a methodology independently assessed by Milliman and was completed in Q1 2025.

Key Findings

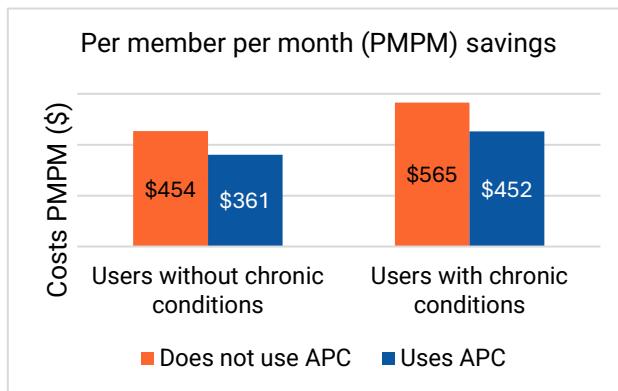
- Engaged participants sought more preventative care and had fewer specialty claims and outpatient claims than unengaged participants.



- APC decreased avoidable acute care for engaged users, having the greatest impact on inpatient admissions, followed by urgent care visits.



- Engaged patients utilizing APC demonstrated significantly reduced healthcare costs, with overall savings of 21% translating to \$93 less per month per person, and even higher savings for individuals managing chronic conditions.



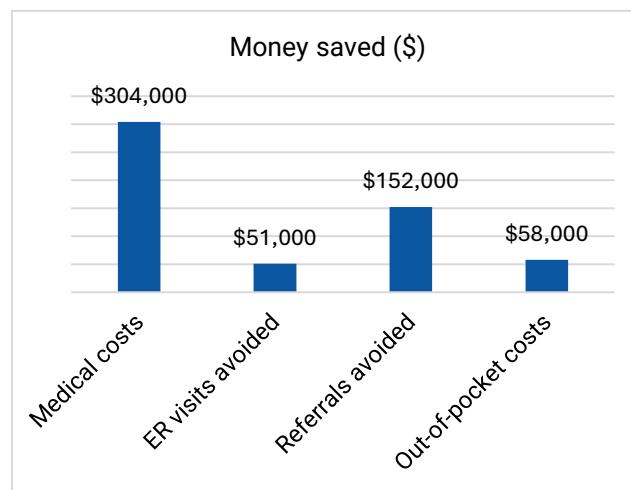
Case Study #2: Queen Anne's County, Maryland

Due to a diminishing local primary care network—attributed largely to provider retirements and limited new capacity—Queen Anne's County observed a marked increase in emergency and urgent care utilization over a 10-year period. In response, the County established a near-site Advanced Primary Care (APC) center staffed by a physician, nurse practitioner, two medical assistants, and a virtual mental health professional.

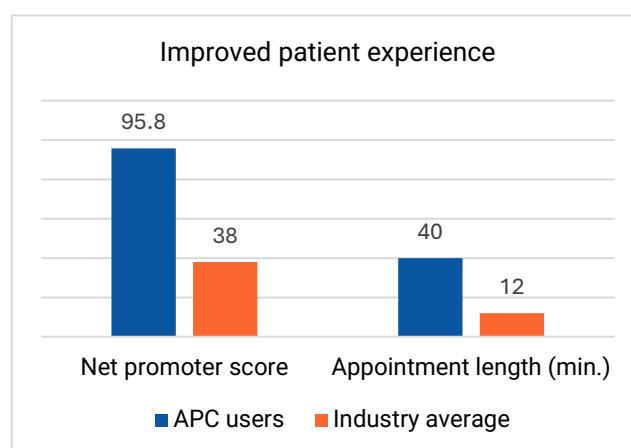
Key Outcomes (after one year)

In its first year of operation, 45% of the workforce visited the Queen Anne's County health center, and 71% showed measurable improvements in A1C levels, blood pressure, and BMI.

Utilization of the APC led to significant cost avoidance through reductions in downstream medical expenses, fewer emergency and urgent care visits, and minimized specialist referrals. These outcomes highlight the effectiveness of the APC model in delivering both clinical and economic benefits.



The findings showcase significant improvements in patient experiences and clinical outcomes including higher patient satisfaction scores, extended appointment durations compared to traditional fee-for-service models, and substantial redirection of funds from market fee equivalents.

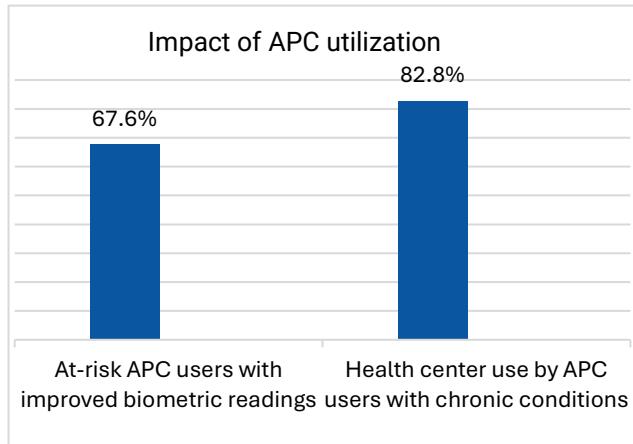


Case Study #3: IUOE 542, Pennsylvania

Launched in a mobile facility during the COVID-19 pandemic to make healthcare accessible to members while many local resources were shuttered, the union's APC model provided urgent care, COVID testing, and chronic disease management. The initiative later expanded to a 6,000-square-foot center with enhanced services.

Key Outcomes (after three years)

The health center's services were specifically designed to meet the needs of union members, offering complimentary Department of Transportation (DOT) exams and comprehensive chronic care management. Over a span of three years, the center has expanded to include the addition of a full-time physician, mental health provider and physical therapist while consistently maintaining a Net Promoter Score of 95.



5. Stabilizing Health Plan Costs with APC

Health plan costs are often driven by a small number of high-cost claims – frequently tied to unmanaged chronic disease, preventable hospitalizations, and mental health crises. APC addresses these drivers by clinically delivering earlier, more frequent, and more appropriate interventions.

The true power of APC? Cost control through better care. By preventing hospitalizations and managing chronic conditions proactively, APC reduces claims volatility and improves predictability. Fixed PMPM contracts help plan sponsors budget more effectively while keeping providers focused on outcomes.

With faster access, less absenteeism, and support for family members, APC boosts productivity and morale. Plus, as a recruiting and retention tool, APC is often cited as one of the most valued benefits by health plan members. APCs bring value outside of the health plan for other services like pre-employment exams, drug screenings, Department of Transportation exams, return-to-work evaluations, and increased utilization of point solutions.

“Point solution optimization”, the strategic selection, integration, and management of individual health benefit programs, is also a significant benefit of deploying an integrated APC strategy. Optimization is making sure:

- Health plan members can find and use the right solutions easily.
- Solutions work together (not in silos).
- The plan isn’t paying for redundant or underused programs.
- Outcomes are measurable and align with the organization’s health strategy.

Imagine the impact APC can have to receive medical care, be referred to appropriate in-network resources, comply with a wellness program and be introduced to the right point solution at the right time, all in one place. APC delivers this impact.

6. Implementation: Making APC Work for You

Deploying an APC model requires thoughtful planning and integration with existing benefit structures. Launching APC successfully means:

- **Smart Location Planning:** On-site, near-site, or virtual centers depending on workforce needs.
- **Data Integration:** Connect APC centers with your TPA, PBM, and carriers for full transparency.
- **Value-Based Contracting:** Use shared savings or capitation to align incentives.
- **Tailored Engagement Campaigns:** Reach different member groups with personalized messages.
- **Plan Design Integration:** Offer incentives for members to select APC as their primary care hub.

7. Overcoming Barriers

While promising, APC implementation is not without challenges. For example, it may take several years to fully realize ROI, especially if the member population is relatively healthy or utilization is slow to build. Cultural barriers may also exist. Some individuals may be hesitant to use health plan-sponsored health centers due to privacy concerns or a lack of trust in non-traditional models. Overcoming these obstacles requires transparency, a multi-pronged communications strategy, data protection assurances, and an emphasis on care quality.

8. The Bottom Line: A Smarter Future for Healthcare

Advanced Primary Care is not a luxury – it’s a necessity. It delivers better health, better experiences, and better financial outcomes for plan sponsors and members alike. Whether you’re serving rural communities or urban campuses, office workers or first responders, the case is clear: the future of healthcare starts with APC.

Authored by: Stuart M. Sutley, Bolton innovation Group and Mary Ellen Gervais, Engaged Health Group

For more information, contact Stuart Sutley at ssutley@boltonusa.com

Footnotes

Sources and periodicals referenced in the draft:

1. **BenefitsPro:** [Money worries fuels mental health decline among workers, report finds](#)
2. **Health Affairs:** An article, "Innovations at Miami Practice Show Promise for Treating High-Risk Medicare Patients" explores how a primary care model with smaller physician panel sizes that allow for coaching and preventive care improved patient medication adherence and lower rates of hospitalization. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2012.0201>
3. **Kaiser Family Foundation (KFF):** The 2023 Employer Health Benefits Survey provides comprehensive data on trends in employer-sponsored health coverage, including premiums, employee contributions, and cost-sharing provisions. [KFF Files+2KFF+2KFF+2](#)
4. **Health Affairs:** An article titled "National Health Expenditures In 2023: Faster Growth as Insurance Coverage Increased" discusses the acceleration of health care spending in the U.S., noting a 7.5% increase in 2023, reaching \$4.9 trillion. [Health Affairs+1Health Affairs+1](#)
5. **Annals of Family Medicine:** The study "Higher Primary Care Physician Continuity is Associated With Lower Costs and Hospitalizations" examines the relationship between continuity in primary care and reductions in health care expenditures and hospital admissions. [Annals of Family Medicine+2Annals of Family Medicine+2Annals of Family Medicine+2](#)
6. **Milliman Research Report:** The report "Potential Economic Impact of Integrated Medical-Behavioral Healthcare: Updated Projections for 2017" analyzes health care cost and utilization data to project spending estimates for individuals with chronic medical and comorbid behavioral conditions. [nodal.milliman.com+5integrate.milliman.com+5Milliman+5](#)
7. **The Boeing Company Case Study:** Details about Boeing's implementation of near-site advanced primary care clinics and their outcomes are discussed in various industry reports and case studies.
8. **New England Journal of Medicine (NEJM):** The article "Changes in Health Care Spending and Quality 4 Years into Global Payment" evaluates the impact of global payment models on health care spending and quality over a four-year period. [New England Journal of Medicine+1New England Journal of Medicine+1](#)
9. **Harvard Business Review (HBR):** The article "How to Pay for Health Care" discusses different payment models in health care, including capitation, and their implications for cost and quality. [Harvard Business Review](#)
10. **Journal of the American Heart Association (JAHA):** The article, "Trends in Healthcare Expenditures Among US Adults With Hypertension: National Estimates, 2003–2014" published in 2018 reports that hypertension is the costliest of all cardiovascular diseases. <https://www.ahajournals.org/doi/abs/10.1161/jaha.118.008731>