Marathon Health

Spring 2025

Advanced primary care to curb trend and create positive outcomes

Employer investment in better, convenient, and closer primary care is shown to yield immediate and long-term savings–shifting care upstream toward transformative results downstream

Over the past few years, America's healthcare cost crisis has spurred "more with less" moves by benefits leaders. This activity has accelerated amid renewed economic uncertainty and the unpredictability this brings to employers' top and bottom lines.

For most, these pressures mean continued cost shifting and compressed health offerings. For many, especially for benefits innovators who seek both immediate and long-term impact, it means fewer, bigger bets with–importantly–direct influence over clinical and financial outcomes. Advanced primary care (APC) has emerged primary among such investments, with adoption up 800% over a 5-year period.[1]

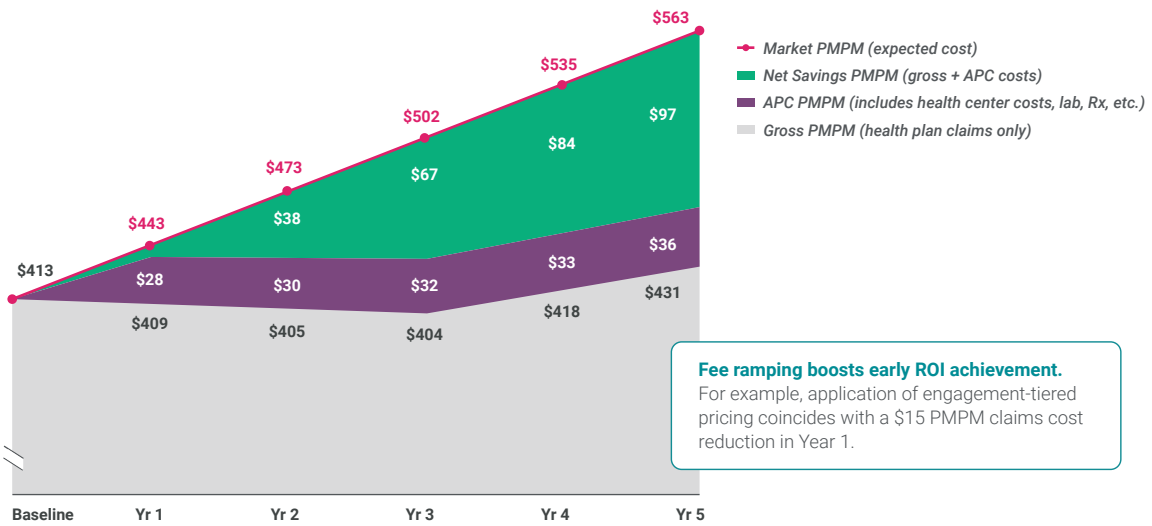
Here we summarize our latest insights on APC and healthcare savings, as a leading provider in the space, and as part of our data and analytics practice to measure, monitor, and maximize sponsor ROI. The covered analyses used a ***methodology independently assessed by Milliman***.

While not the focus of this paper, the sponsor's return on investment begins with the employee's return to a better, more humane care experience.

Analysis 1

APC-related claims savings among approximately 89,000 lives covered by 29 sponsors over program years 1-5 and calendar years 2011-2024

Advanced primary care pays for itself in Year 1 and yields increasing returns (medical/pharmacy claims cost reduction) over time.



Fee ramping boosts early ROI achievement. For example, application of engagement-tiered pricing coincides with a $15 PMPM claims cost reduction in Year 1.

[1] Hint Health. *Employer Trends in Direct Primary Care 2023*. Accessed April 2025.

Per the ~89,000 lives among 29 sponsors analyzed, advanced primary paid for itself in Year 1, meaning claims cost was lowered by at least the amount of Year 1 APC investment. Further, 62% of sponsors saw Year 1 savings, that is, beat trend net of APC investment; 76% of sponsors beat trend by Year 2. With fee ramping (see callout above), these numbers increase to 83% and 79% respectively.

Overall return on investment over time increased as follows:

Year 1	Year 2	Year 3	Year 4	Year 5
1.2x	2.3x	3.1x	3.5x	3.7x

To illuminate cost savings drivers, we examined healthcare utilization and clinical indicators between engaged and unengaged members, statistically adjusting for risk factor differences in the two sample groups to ensure legitimate comparisons. Analysis results are summarized in the table below, along with the overall cost savings implications of being engaged in advanced primary care.

Analysis 2

Savings/outcome driver trends: engaged vs. unengaged members, among approximately 224,000 lives covered by 60 sponsors, July 2023–June 2024

In contrast to their unengaged counterparts, engaged members are associated with lower medical claims cost, and consume more preventive care and less specialty and acute care.

Greater utilization of primary care

Overall greater use of primary care among engaged compared to unengaged:

- 645 claims per 1,000 vs. 354 per 1,000, an **82% increase**

Decreased avoidable acute care

Significantly less acute care use among engaged:

- **15% reduction** in ED visits
- **31% reduction** in urgent care use
- **41% reduction** in inpatient admissions

Smarter specialty care utilization

Significantly fewer specialty claims, improved site of care among engaged:

- **Overall specialty claims:** 548 per 1,000 vs. 600 per 1,000, a **9% reduction**
- **Outpatient claims:** 249 per 1,000 vs. 315 per 1,000, a **21% reduction**

Of note: While overall costs went down, as did the number of acute/specialty care claims, the average cost per outpatient/inpatient claim went up. Taken together, the pattern suggests elimination of avoidable/unnecessary care, while those in greatest need received the requisite care.

Per the ~224,000 lives among 60 sponsors analyzed, engaged patients were associated with 21% lower costs: $361 PMPM engaged vs. $454 PMPM unengaged, or $93 PMPM in savings. Comparing members with one or more chronic condition, the difference was even greater: $452 PMPM vs. $565 PMPM, or $113 PMPM in savings.

The difference in outcomes (and in turn, relative claims cost) between the engaged vs. unengaged sample groups is compelling. More so is the bigger point these differences suggest. That is: engagement is the driver of all drivers. The more members engaged, the more savings and impact; the conditions for optimal engagement and therefore maximal ROI are controllable by the sponsor.

"If patient engagement were a drug, it would be the blockbuster drug of the century and malpractice not to use it."

- Leonard Kish

Insights and results made possible by purpose-led employers

These analyses and insights illustrate our approach to delivering comprehensive, quantifiable, and often–life-changing results for employers and members. Harder to quantify and yet makes all the difference: our employer partners' urgent intent with their upped investment in primary care, their resolve to reclaim control over costs and outcomes.

Whether 20 years in or just getting going, our partners' bold bet on a return to real care–to do right by the team while turning around trend–is the key to results.

We partner with existing and prospective clients to apply this methodology to their specific data/program to produce client-specific insights and estimates, and to use as much to inform outcomes-based pricing. Please connect at hello@marathon.health to learn more.

Authored by Nirav Vakharia, chief health officer, and Marcus Such, chief actuary for Marathon Health

Of note regarding:

Both analyses

- Sample size/power support generalizability.
- Large claimant truncation or removal applied to control for aberrant trend/savings drivers. It is also likely that not all savings-relevant differences are accounted for among Year (of sponsor's program) cohorts.

Analysis 1

- Inclusion in data/analysis comprises medical and pharmacy claims related to all lives covered by the sponsor.
- Client plan design and program changes over time were adjusted for using calculated actuarial values.
- Year cohorts include periods of COVID-related disruption, which have been adjusted for.
- Relied on published market reports by independent benefit agencies and analysts to determine the blended medical and pharmacy market trend rate. Annualized market trend rate varied year over year and ranged from 7%-9% on average.

Analysis 2

- Inclusion in data/analysis comprises medical claims related to adults aged 18 or older.
- Engaged members include those who have had at least two visits (in-person or virtual) with a Marathon Health provider over an 18-month look-back period.
- Risk adjustment was applied to enable equivalent comparisons between engaged and unengaged cohorts.

About advanced primary care

A true value-based care model, advanced primary care is a healthcare “home” for 80% of one’s physical and behavioral health needs. Centered on a strong and continuous provider relationship, APC brings:

- convenient and individualized care, from chronic disease management to “the sniffles”
- tech- and data-enablement to ensure care access and coordination, improved costs and outcomes
- a focus on quality, including high-value referrals to specialty care

About Marathon Health

Founded in 2001, with over 720 onsite/nearsite/network health centers and 630 employer partners, Marathon Health is the leader in employer-sponsored advanced primary care for the nation’s manufacturers, unions, school districts, and for its state and local governments. We proudly serve sponsors who demand responsible strategies and real results, on a shared mission to bring together impassioned providers and engaged members to create force-multiplicative impact. For more information, visit marathon.health.

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